



Satisfaction with caregiving among informal caregivers of elderly people with dementia based on the salutogenic model of health[☆]

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ABSTRACT

Objectives: The main objective was to analyze the variables Sense of Coherence, Resilience and Emotional Regulation as predictors of satisfaction with care in caregivers of older adults people with dementia.

Methods: An *ex post facto* cross-sectional study design with a single group. The data were collected between June and October 2020.63 caregivers of older adults people with severe dementia participated, by responding to questionnaires concerning the study variables during a telephone interview. Information was also collected regarding the characteristics of the care provided (years of evolution, degree of dementia, index of independence) and regarding the caregiver (age and years of caregiving) which will be analyzed as control variables. The data were analyzed using correlation analysis and multiple linear regression analysis.

Results: The participants presented average levels for Sense of Coherence, Resilience, Emotional Regulation (M = 16.93) and a high degree of Satisfaction with care. Sense of Coherence was the main predictor of Satisfaction with care, explaining up to 67% of the variance, through its Significance and Comprehensibility dimensions. Although the Resilience variable presented a significant association with Satisfaction, its role in the predictive model was displaced by Sense of Coherence.

Conclusions: Sense of Coherence and Resilience are relevant psychological variables because of their positive relationship with satisfaction with care among caregivers of older adults people with dementia. The caregivers' perception of the significance and comprehensibility of the situation are important positive predictors of their satisfaction with the care of older people with dementia. These results are suggestive to guide the follow-up and psychological support of caregivers.

1. Background

In recent years, there has been an increase in studies focusing on caregivers of older adults people with dementia (Garcia-Ptacek et al., 2019). As dementia is a neurodegenerative, progressive, disabling, and long-lasting disease, the caregiver is at a high risk of exposure to chronic stressful situations, as highlighted in the literature (Allen et al., 2017; Alves et al., 2019). The primary caregiver is the person who spends most of their time catering to the needs of the dependent person (McCabe et al., 2016). These people are usually described as second victims of the disease (Garcia-Ptacek et al., 2019), because dependency does not only affect those who suffer from it, but also those who must provide the necessary support to enable them to continue living with dignity. This is fundamentally because the process of caregiving generates a significant

physical and emotional overload, the result of high levels of stress derived from the caregiving process (Gilhooly et al., 2016; Hopkinson et al., 2019). Moreover, in the case of degenerative processes such as dementia, this can last for many years, irreversibly and with a progressive increase in the need for care and attention demanded by the person living with dementia (Wuttke-Linnemann et al., 2019).

The ability for caregivers to cope with the demands of caring for the person with dementia has an impact on the quality of patient care, as well as protecting the caregiver from physical and emotional strain (Adelman et al., 2014; Springate & Tremont, 2014). The lack of adequate coping strategies to deal with the demands of caregiving has a negative impact on the caregiver's health and mental well-being, as well as on caregiver performance, sometimes leading to abandonment of caregiving (Kim and Park, 2017). Several studies indicate that good

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performance is related to psychological characteristics and not simply to acquired experience or knowledge (Manzini et al., 2016). These psychological characteristics refer to personality traits, acquired cognitive resources, and strategies for coping with stress and caregiver overload (Abdollahpour et al., 2014; Dias et al., 2015). Several studies have examined the role of psychosocial traits as predictors of effective coping in highly demanding situations for caregivers (Doris et al., 2018; Teahan et al., 2018), highlighting the constructs of Resilience, Emotional Regulation and Sense of Coherence as stress protectors (Harmell et al., 2011). The literature has also identified aspects related to the patient with dementia, as possible control variables and predictor variables, such as the stage of dementia, the years of evolution and the degree of dependence (del-Pino-Casado et al., 2019; Sass et al., 2019). It should be noted that most of the studies cited establish relationships with negative aspects of caregiving, such as stress, overload, or dissatisfaction with caregiving. However, to date, no studies have related these variables to positive aspects of caregiving, such as satisfaction with caregiving.

Therefore, it seems interesting to explore which psychological aspects and variables related to caregiving may affect caregiver performance the most and especially satisfaction with the care provided (Quinn et al., 2019; Sass et al., 2019). Our initial hypothesis is that higher levels of Sense of Coherence, Resilience and Emotional Regulation in caregivers will be associated with greater satisfaction with caregiving.

The aim of our study was to analyze the variables Sense of Coherence, Resilience and Emotional Regulation as possible predictors of caregiving satisfaction among caregivers of older adults people with dementia, adopting caregiving-related variables as possible control variables.

2. Methods

An *ex post facto* cross-sectional single-group study design was used. The data were collected between June and October 2020.

The study participants were caregivers of patients over 65 years old with dementia. A non-probabilistic purposive convenience sampling was performed at three day-centers in the urban area of Santander, attended by the patients of the potential participating caregivers. The inclusion criteria were the following: being of legal age, being the main caregiver of a patient diagnosed with cognitive impairment in moderate/advanced stages by a specialist for at least 6 months (according to the criteria of Global Deterioration Scale, -GDS-4/7; Reisberg et al., 1982). A total of 66 caregivers were contacted, of whom, after being informed of the objective of the study and the procedure, 63 agreed to participate. Of these, 85.7% were women ($n = 54$), 82.5% were unemployed ($n = 52$), and 73% lived with the family caregiver ($n = 46$). The mean age was 63.40 (SD: 14.92) and they had been caring for their family member for an average of 7.67 years (SD: 3.68).

2.1. Variables and instruments

Firstly, information was collected from the participants (caregivers) regarding a series of sociodemographic variables (age, sex, employment status), and on certain conditions of their performance as caregivers (living with the patient (yes/no); years of performance as the main caregiver of the ill person).

Information was also collected on certain relevant characteristics of the person being cared for: i) degree of dementia according to the Functional Assessment Staging (FAST) (Reisberg, 1988), which was gathered from the medical record; ii) years of evolution of dementia since it was diagnosed by a neurologist; iii) functional capacity and degree of dependence of the patient, measured by the Barthel Index (Cid-Ruzafa & Damián-Moreno, 1997), which was obtained from the clinical history and should have been taken within the last three months.

Study variables (predictors):

- * Sense of coherence. The caregivers' sense of Coherence was assessed by means of the *Orientation to Life Questionnaire-13 Items* (OLQ-13 o SOC-13), (Antonovsky, 1996; Spanish version, validated by Virués-Ortega et al., 2007). This instrument aims to measure a global personality orientation that facilitates adaptive problem solving in stressful situations to which people are subjected throughout life. As in the extended questionnaire, the 13-item questionnaire also measures the dimensions of Comprehensibility (with 5 items), Manageability (with 4 items) and Meaningfulness (with 4 items). The scores obtained express the strength of the person's sense of coherence, the higher the score obtained, the greater the strength. The answers offer a continuum from agreement to disagreement in 7 response options -represented on a Likert-type scale, from 1 to 7- ranging from "Never" "Rarely" to "Very often" or "Always", both in the positive and negative sense of the question. The OLQ-13 scale has shown good internal consistency, with a Cronbach's alpha between 0.70 and 0.92 (Antonovsky, 1996; Eriksson & Lindström, 2005; Lizarbe-Chocarro et al., 2016; Virués-Ortega et al., 2007) and retains the same psychometric qualities as the original 29-item version. Regarding our study, the internal consistency of the items was analyzed by Cronbach's alpha, which was 0.82, for the Comprehensibility subscale it was 0.81, for Manageability it was 0.79 and for Significance it was 0.91.
- * Resilience was assessed with the CD-RISC Resilience Scale: *The Connor Davidson Resilience Scale* (CD-RISC), elaborated by Connor and Davidson (2003), is a scale designed to measure qualities of resilience. It was developed for clinical practice as a measure of resilience and coping with stress. The original scale contains 25 Likert-type items where higher scores indicate greater resilience. In the present study, we used the Spanish version of the 10-item CD-RISC Resilience Scale, validated in a population of non-institutionalized older adults between 60 and 75 years of age (Serrano-Parra et al., 2012). The Spanish 10-item CD-RISC scale (Serrano-Parra et al., 2012) evidenced that a single factor model showed acceptable goodness-of-fit values in both men and women and good internal consistency (Cronbach's alpha 0.81). The scale is self-administered and consists of 10 items structured on a Likert-type summative scale (1 not at all, 2 rarely, 3 sometimes, 4 often, and 5 almost always) that in its original version are grouped into a single dimension. The scale ranges from 10 to 50, has no established cut-off point and the higher the score, the greater the resilience. In relation to our study, the Cronbach's alpha was 0.77.
- * Emotional Regulation. Caregivers' habitual emotional regulation strategies were measured with the Emotional Regulation Questionnaire (ERQ), developed by Gross and John (2003), and validated in Spanish by Cabello et al. (2013). In this scale, 6 items measure Cognitive Reappraisal (CR) (e.g., "I control my emotions by changing the way I think about the situation I am in") and 4 items measure Expressive Suppression (ES) (e.g., "I control my emotions by not expressing them") on 7-point Likert-type scales ranging from 1 (strongly disagree) to 7 (strongly agree). The authors of the scale have not established cut-off points, although high scores show a significant presence of Emotional Regulation. The original internal consistency of this questionnaire was $\alpha = 0.75$, and in our study this value was $\alpha = 0.73$.

Outcome variable (caregiver):

- * Satisfaction with caregiving was assessed using the Satisfaction with Caregiving Scale (Lawton et al., 1989). This scale is intended to evaluate the satisfaction that the caregiver feels regarding the task of helping the dependent person. It consists of 6 items in which various aspects of satisfaction of the caregiver's work are gathered, as well as an assessment of overall satisfaction. Each item is scored on a gradient of frequency or agreement ranging from 1 (Strongly agree or Almost always) to 5 (Strongly disagree or Never). The total score is obtained by adding the scores for each of

the items and ranges from 6 to 30. Higher scores indicate lower satisfaction with care. This scale presents an internal consistency of 0.67 (Lawton et al., 1989). In our study the internal consistency was 0.76.

2.2. Data collection

Thanks to the collaboration of the participating centers, a list of patients was obtained whose caregivers met the criteria for inclusion in the study. The nurses or social workers at the centers initially contacted these caregivers to inform them of the possibility of participating in the study and to explain the study procedure. Those who agreed to have a first interview with the researcher gave verbal authorization for the researcher to contact them by telephone. Data collection took place by telephone call or video conference (using the ZOOM application) to facilitate visual interaction. The booklets, which were anonymous and identified with a consecutive number, were administered by the researcher during the interview.

2.3. Ethical considerations

The research project received favorable approval from the Research Ethics Committee of Servicio Cántabro de Salud, Cantabria, Spain with internal code: 2020.077. Prior to participating in the study, the patients were asked to provide informed consent to participate in the research after providing information verbally and in writing. The management of the different participating centers was formally requested to carry out this study. The data were treated anonymously and in accordance with current legislation.

2.4. Data analysis

IBM SPSS Statistics 22 software was used for statistical analysis. A descriptive analysis was performed by calculating frequencies, measures of central tendency and dispersion. The bivariate analysis was performed using Pearson's correlation coefficient, whereas the multivariate analysis was performed using multiple linear regression (MRA) using the variables sense of coherence, resilience and emotional regulation as predictors of the degree of caregiver satisfaction. The assumptions of the MRA model were evaluated using the following analyses: 1) normality: Kolmogorov-Smirnov test and P–P Normal plots; 2) linearity: partial regression plots; 3) homoscedasticity: scatter plots of typed residuals and typed forecasts; 4) error independence: Durbin-Watson statistic; and 5) noncollinearity: diagnoses of collinearity (Tolerance >0.10 and IVF <0.10). The level of statistical significance was set at 5%.

2.5. Validity and reliability/rigor

We have rigorously followed The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement. Furthermore, the researchers used structured research instruments. The findings of this study are based on larger sample sizes that are representative of the population. This research study can be replicated or repeated, given its high reliability. Researchers have a clearly defined research question to which objective answers are sought. This project can be used to generalize concepts more extensively, predict future results, or research causal relationships. This study used tools, such as questionnaires or computer software, to collect numerical data.

3. Results

The characteristics of the participants (caregivers) have already been described in the Participants section. Regarding the characteristics of the person being cared for, the descriptive results are reflected in Table 1, showing the degree of dementia (FAST), the years of evolution of the disease and the person's degree of functional dependence.

Table 1

Descriptive variables of the characteristics of the person being cared for (N = 63).

	Mean	Standard deviation
FAST	4.81	0.89
Years of evolution of dementia	7.68	3.72
Barthel Index	49.52	23.87

FAST: Functional Assessment Staging.

Table 2 reflects the descriptive results for the study variables Sense of Coherence (total score and scores in each of its three subscales), Resilience, Emotional Regulation and Satisfaction with Caregiving.

Since the scales have no cut-off points, a contrast of means (Student's *t*-test for a single sample) was performed, taking the theoretical mean value of the scale as the comparison value. The results indicated that all of the scales were significantly below the midpoint of the scale: SOC_Total ($t(62) = -2.4, p = .018$), SOC_Manageability ($t(62) = -3.84, p < .001$), SOC_Significance ($t(62) = -2.84, p = .006$), ERQ ($t(62) = -0.89, p < .001$) and Satisfaction with care ($t(62) = -0.57, p < .001$). However, no statistically significant differences were found for SOC_Comprehensibility ($t(62) = -1.82, p = .074$) and CDRISC ($t(62) = -0.40, p = .687$), with values very similar to the midpoint.

The analysis of bivariate correlations (see Table 3) between the main study variables showed that Satisfaction with Caregiving is statistically negatively and moderately to strongly associated with the variable Sense of Coherence, in its overall score and in its three dimensions: SOC_Total ($r_s = -0.77, p < .001$), SOC_Comprehensibility ($r_s = -0.66, p < .001$), SOC_Manageability ($r_s = -0.78, p < .001$), SOC_Significance ($r_s = -0.80, p < .001$). Satisfaction with care was also negatively and moderately associated with Resilience ($r_s = -0.65, p < .001$). It is important to note that the negative correlation of the variables informs that higher levels of SOC and Resilience are associated with higher satisfaction in caregiving, since in the Satisfaction scale lower values indicate higher satisfaction. However, there was no significant association with the Emotional Regulation variable ($r_s = 0.01, p = .92$). No statistically significant associations were found between the Satisfaction variable and the control variables referring to the patient (FAST, Barthel and years of evolution of the disease) or to the caregiver (age, cohabitation, years caring).

For the analysis of the predictive capacity of satisfaction with care of the study variables, Multiple Regression Analysis (MRA) models were applied with the forward stepwise method, after verification of the fulfillment of all assumptions. Given the limitations posed by the sample size for the inclusion of a large number of variables in the regression model, two MRAs were first performed considering the characteristics of the caregiver (age, sex, years caring for the family member and living with the caregiver) and the characteristics of the person being cared for (degree of dementia according to the FAST index, years of evolution of the disease and degree of dependence according to the Barthel index) as predictors of satisfaction with care. None of these models were

Table 2

Descriptive variables of the study variables in caregivers (N = 63).

Score variable and range	Mean	Standard deviation
SOC_13_TOTAL (35–91)	58.38	16.71
SOC_13_Comprehensibility (17.5–35)	19.59	6.15
SOC_13_Manageability (14–28)	18.61	4.92
SOC_13_Significance (14–28)	19.19	5.03
CDRISC (25–50)	37.50	8.76
ERQ (10–70)	39.93	11.25
Satisfaction with care (6–30 ^a)	14.25	5.33

SOC-13: Orientation to Life Questionnaire-13 items.

CD-RISC: The Connor Davidson Resilience Scale.

ERQ: Emotional regulation questionnaire.

^a Inverse scale: the lower the score, the higher the satisfaction with the care provided.

Table 3
Correlation matrix of the study variables.

	Age	Years of caring	Cohabitation	FAST	Years of evolution	Barthel	SOC_13_TOTAL	SOC_13_Comp	SOC_13_Man	SOC_13_Sign	CDRISC	ERQ
Age												
Years of caring	0.27*											
Cohabitation	-.13	-0.02										
FAST	-0.03	0.53**	-0.11									
Years of evolution	0.25*	0.98**	-0.02	0.52**								
Barthel	-0.32**	-0.51**	-0.03	-0.38**	-0.49**							
SOC_13_TOTAL	0.06	0.12	-0.01	0.05	0.12	-0.23						
SOC_13_Comp	0.16	0.19	-0.06	0.02	0.19	-0.43**	0.85**					
SOC_13_Man	0.01	0.01	0.01	-0.01	0.01	-0.14	0.86**	0.75**				
SOC_13_Sign	-0.03	-0.01	0.04	-0.00	-0.00	-0.04	0.86**	0.64**	0.89**			
CDRISC	0.10	0.12	0.00	-0.05	0.14	-0.05	0.76**	0.64**	0.73**	0.78**		
ERQ	-0.13	-0.10	-0.09	0.12	-0.07	0.47**	-0.09	-0.30*	0.07	0.14	0.25*	
Satisfaction	-0.00	0.00	0.00	-0.11	0.01	0.09	-0.77**	-0.66**	-0.78**	-0.79**	-0.65**	0.01

Functional Assessment Staging (FAST). Orientation to Life Questionnaire-13 Items (SOC-13), global score and subscales: SOC-Manageability, SOC-Comprehensibility and SOC-Significance. The Connor Davidson Resilience Scale (CD-RISC).

Emotional regulation questionnaire (ERQ).

* The correlation is significant $p < .05$ (2-tails).

** The correlation is significant $p < .01$ (2-tails). Cohabitation with the patient: point-biserial correlation.

significant: Caregiver characteristics ($F = 0.18, R^2 = 0.001, p = .1$) and characteristics of the person being cared for ($F = 0.645, R^2 = 0.032, p = .589$). None of the study variables related to the characteristics of the caregiver or person cared for proved to be a relevant predictor of caregiving satisfaction. Consequently, the need to include any of these variables as control variables in the multiple regression model of the study variables was ruled out.

An MRA was then performed (with the forward stepwise method) considering three SOC subscales of Comprehensibility, Manageability and Meaningfulness, together with the measures of Resilience and Emotional Regulation as predictor variables. Table 4 shows the results of the MRA.

The model was significant ($F = 62.71; p < .001$) and explains 67% of the variance of the criterion variable through two predictor variables. The SOC_Significance subscale is the most relevant predictor ($Beta = -0.63; p < .001$) explaining 64% of the variance of the satisfaction with care variable on its own. Also included in the model as a significant predictor is the SOC_Comprehensibility scale ($Beta = -0.25; p < .001$), contributing an increase of 4% on the variance explained. The negative sign of the Beta indices informs us that a higher score on these SOC subscales, is associated with a lower score on the Satisfaction scale, which is an inverse scale (low scores indicate high satisfaction with care).

4. Discussion

Our initial hypothesis was that Sense of Coherence, Resilience, and Emotional Regulation could be variables favoring Satisfaction with caregiving, the latter being understood as a protective element against the negative aspects of caregiving. Therefore, this study aimed to identify their condition as predictors of Satisfaction with caregiving, considering the characteristics of the caregiver and the cared-for person as possible control variables. The results partially support the hypothesis. While bivariate correlation analyses inform us that the Resilience

variables and all SOC subscales are related to Satisfaction with Caregiving, the model resulting from the multiple regression analysis identified SOC in terms of its Significance and Comprehensibility subscales as significant predictors of Satisfaction with Caregiving, however, the other study variables, Resilience and Emotional Regulation, did not play a relevant role in the regression model.

The findings found in the sample are consistent with those reported in other similar studies, where the primary caregiver of a person with dementia appears to present average levels of Sense of Coherence, Resilience and Emotional Regulation (Gonçalves-Pereira et al., 2020; Hemalatha & Banu, 2018; Turró-Garriga et al., 2019). Several studies advocate considering these elements as innate psychological characteristics in caregivers (Dias et al., 2015; Doris et al., 2018). In contrast, other studies suggest that the act of caregiving itself, when this is prolonged in time and with strong physical and emotional overload, as occurs with dementia, is what enables the development of these subjective aspects as protective elements against stress and claudication (Cheng et al., 2017; del-Pino-Casado et al., 2019; Farhadi et al., 2018). Clearly, each caregiver copes differently with the milestones involved in caregiving and those individual differences could mark how they develop protective elements in the face of stress (Leipold et al., 2008). Thus, studies point to the fact that both SOC and Resilience appear to help the caregiver cope with the strain derived from caregiving (Laird & Lavretsky, 2019).

Our results reinforce the idea that psychological variables are the most relevant predictors of caregiver satisfaction. Thus, neither in the correlation analyses, nor in the regression models, were we able to find an association between the characteristics of the caregiver, nor those of the person with dementia, with Satisfaction with caregiving. However, an association was found between SOC and all its subscales, as well as Resilience with Satisfaction, reporting that people with high levels of SOC and Resilience have higher satisfaction with care. In light of the literature, this could be interpreted as the fact that presenting effective coping styles in the face of stress may favor the ability to embrace the

Table 4
Model of MRA.

Predictors	Increase in R2	Increase in adjusted R2	B	Standard error	Beta	t	Sig.
SOC_13_Sig	0.64	0.63	-0.68	0.10	-0.63	-6.64	0.000
SOC_13_Com	0.03	0.04	-0.22	0.08	-0.25	-2.63	0.000

Dependent variable: Satisfaction with care.

R² total for the model = 0.67; Total adjusted R² of the model = 0.67 ($F = 62.71; p < .001$).

positive aspects of caregiving and focus less on the negative ones (Cheng et al., 2017; Laird & Lavretsky, 2019; Teahan et al., 2018). Thus, instead of focusing on the omnipresent adversity, in dementia it seems more interesting to pay attention to personal strengths and the positive experiences of caregivers. There is no doubt that some of these strengths may be present before assuming the role of caregiver, however, other studies also indicate that the performance as a caregiver may serve as “training” for the development of psychological variables, such as SOC, Resilience or Emotional Regulation (Cheng et al., 2017; Farhadi et al., 2018). This may be partly explained by the extensive duration of care and the family ties established between caregiver and the person cared for (Andren & Elmståhl, 2008). The same has been corroborated in studies with caregivers of other long-term pathologies such as autism (Pozo & Sarriá, 2015), intellectual or physical disability (Al-Krenawi et al., 2011) or cancer (Geng et al., 2018).

Undoubtedly, the most interesting aspect of this study is the predictive model. Thus, two subscales of the SOC: Meaningfulness and Comprehensibility, have been highlighted as predictor variables of Satisfaction with care. This could be interpreted as meaning that those people who assign high significance to the events of their lives develop a sense of commitment and involvement with them. This implication could in turn encourage them to assume these as structured, predictable, and explainable facts (Childers, 2019; Gonçalves-Pereira et al., 2020; Potier et al., 2018). Interestingly, significance seems to act as the strongest predictor of Satisfaction, with SOC being the most relevant (Antonovsky, 1996). It appears that caregivers who perceive environmental demands as more significant seem to feel more satisfied with caregiving (Marques et al., 2019; Stansfeld et al., 2019).

It is interesting to note how this SOC variable is able to “turn off” the Resilience variable. Previous studies also point to this capacity of SOC. Thus, in Sutter's study (Sutter et al., 2016), when testing a regression model that included resilience, optimism and SOC, the latter was more strongly associated with a reduction of burden and an increase in satisfaction. Characterized by the ability to adapt to changing situations, resilience allows caregivers to adapt reasonably well to a stressful situation (Dias et al., 2015). Resilience is a constellation of qualities with potentially favorable effects on Satisfaction with the care provided in the field of dementia (Rosa et al., 2020). In our study we found a significant association with Satisfaction, which clearly points to the need to consider it as an element related to the positive aspects of caregiving.

Finally, it is worth commenting on the fact that in our study, Emotional regulation did not display a significant relationship with Satisfaction with caregiving. Previous studies suggest that people with a good capacity to regulate their emotions can cope better with stressful situations, favoring improved emotional health and, therefore, effective elements in the face of caregiving overload (Moskowitz et al., 2019). However, in our results, Emotional Regulation does not seem to have acted as a predictor variable of Satisfaction with caregiving. This could be explained either because the selected instrument was inadequate or because this particular variable did not play a relevant role in Satisfaction with caregiving in the reality of our sample.

The present study is a contribution to research in the field of care for caregivers of people with dementia. Its major contribution is proposing a predictive model of different factors in relation to the positive contribution of caregiving measured through Satisfaction with caregiving.

4.1. Limitations

Nonetheless, the results of this study should be interpreted with caution since the cross-sectional nature of the design prevents us from determining the direction of the relationships between the variables. Other limitations to consider are that all the measures were self-report questionnaires; the peculiarity of the historical moment of the study, is also worth considering, since the data collection took place during the state of alarm in Spain due to the COVID-19 pandemic. Furthermore, the non-random selection of the participants is noted, which would limit the

generalization of the results, as well as the size of the sample, which could have limited the possibility of finding significant results for certain variables such as emotional regulation and others related to the characteristics of the patient being cared for.

Regarding future lines of research, it would be interesting to analyze other psychological variables, such as optimism, self-perception, or cognitive restructuring, which the literature points out as predictors of satisfaction (Soityts & Tyburski, 2020). It would also be useful to assess the negative aspects of caregiving, to attempt to establish a relationship between SOC and Resilience, as predictor variables of a lower presence of negative aspects derived from caregiving.

5. Conclusions

The literature pays increasing attention to caregivers of people with dementia as their numbers are growing worldwide. Caregiving is time-consuming and generates great physical and mental overload. However, we also know that caregiving has positive aspects and generates satisfaction. The identification of factors related to Satisfaction with caregiving such as Sense of Coherence and Resilience of caregivers allows us to better understand the protective psychological factors for the mental health of caregivers, which deserve attention in the monitoring and care of caregivers.

CRediT authorship contribution statement

The authors declare that they have contributed equally in all phases of the research, as well as in the writing and review of this article.

Declaration of competing interest

No conflict of interest has been declared by the author(s).

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