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Nursing Strategies for Enhancing Resilience in Caregivers of Patients with Alzheimer's Disease: A Comprehensive Review of Interventions and Outcomes

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Abstract

Background: Alzheimer's disease, a chronic neurodegenerative disorder, poses significant challenges for both patients and their caregivers, especially informal caregivers who face physical, emotional, and psychological burdens. These challenges necessitate innovative nursing strategies to enhance resilience in caregivers, as resilience has been linked to better psychological adaptation and reduced caregiver distress.

Methods: A scoping review was conducted using databases including Medline, CINAHL Plus, PsycINFO, and Cochrane Library to identify non-pharmacological interventions targeting resilience in caregivers of individuals with Alzheimer's. Studies published between 2021 and 2023 were analyzed, focusing on interventions such as psychoeducation, creative arts, and mindfulness practices. Data were extracted to evaluate intervention outcomes, caregiver profiles, and the roles of nursing professionals.

Results: Among the interventions, psychoeducation demonstrated the most consistent results in fostering resilience, followed by mindfulness practices, which yielded reductions in anxiety and depression. Creative arts-based interventions offered mixed outcomes, with some caregivers reporting emotional relief and others experiencing increased stress. Nursing professionals played critical roles in implementing and supporting interventions, though their roles were often underdefined. Key challenges identified included participant attrition, intervention sustainability, and variability in outcomes due to disease progression and caregiver profiles.

Conclusion: Non-pharmacological interventions such as psychoeducation, mindfulness, and creative arts have the potential to enhance caregiver resilience, offering significant benefits in mitigating stress and improving psychological well-being. However, further research with larger sample sizes, robust methodological designs, and clearly defined nursing roles is essential to optimize these interventions. Nursing professionals should prioritize resilience-building strategies to support caregivers in their demanding roles, ultimately improving care outcomes for individuals with Alzheimer's disease.

Keywords: Alzheimer's disease, caregiver resilience, psychoeducation, nursing interventions, mindfulness

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1. Introduction

The World Health Organization [1] indicates that the population has seen an unparalleled demographic transformation over the last 50 years, attributed to scientific and socioeconomic advancements, resulting in increased life expectancy and longevity in the elderly. As a result, age-related chronic diseases have gained significant importance in society due to the rise in population morbidity, mortality, and changes in functioning and independence. Dementias, particularly Alzheimer 's-type dementia, should be acknowledged in this cohort, as they represent the primary age-related chronic diseases that lead to disability and mortality, especially beyond the age of 65 [2,3].

By 2050, it is projected that around 131.5 million individuals globally will have Alzheimer 's-type dementia [4]. Alzheimer's disease is a chronic neurodegenerative disorder of uncertain etiology, characterized by an insidious start that impacts higher cognitive skills such as memory, speech, and orientation, leading to substantial behavioral changes. Consequently, the projected expenses associated with caring for this disorder in 2050 are anticipated to surpass EUR one trillion [5,6]. The most notable expenditures are those allocated to long-term care, particularly those associated with the adaptation of the house for individuals with Alzheimer's disease and informal caregiving.

Informal caregivers are mostly women aged 40 to 65 who care for their spouses, aged over 70, diagnosed with any stage of Alzheimer's disease [7]. They attend to their fundamental requirements without any financial remuneration. As the illness advances, these requirements become more difficult to fulfill, potentially leading to adverse symptoms that directly impact the caregiver's health due to the demands of caring [8,9]. This symptomatology is referred to as 'caregiver syndrome', which is exacerbated in caretakers of individuals with Alzheimer's disease owing to its characteristics [10,11]. Nevertheless, several research indicates that this condition is not always present in all family caregivers; in fact, it is possible to get advantages from the caregiving experience via the cultivation of resilience [10,12].

Resilience, defined as the capacity to adapt successfully to a challenging situation while acquiring abilities that foster good experiences and emotions, is a dynamic term that can be cultivated. It assists caregivers in circumventing experiences of personal, social, or health-related failure [10,12]. Evidence indicates that individuals exhibiting greater resilience demonstrate superior psychological adaptation to the behavioral changes associated with the disease, enhanced development of novel coping strategies in response to care demands, and overall improved well-being, as evidenced by reduced levels of anxiety, depression, psychotropic medication usage, and reliance on external resources such as social health services or institutionalization centers [13,14].

Resilience offers advantages broadly and is becoming more prominent in the healthcare sector. In 2009, three nursing diagnoses about 'risk, deterioration, and desire to enhance resilience' were included in the nursing domain, assigning accountability to nursing practitioners for their care of the general public [15]. Given that nursing professionals are integral to supporting caregiving pairs (informal parents and individuals with Alzheimer's disease) throughout the disease process and their overall health, there is an urgent necessity to formulate action plans aimed at fostering resilience in this population, due to the biopsycho-social benefits it offers. So far, the majority of research has concentrated on alleviating negative symptomatology, including anxiety, stress, and depression [16,17].

Despite Bourgeois's initial classification of interventions aimed at enhancing the welfare condition of family caregivers for individuals with Alzheimer's disease—including counseling, psychoeducational, multicomponent, and relaxation interventions—none have explicitly addressed resilience [18]. Moreover, resilience in the scientific literature has mostly been examined via descriptive research including diverse groups (children, oncology or palliative patients, those experiencing sorrow) or using very varying methodological frameworks [19-21]. Consequently, a limited number of research have successfully fostered good attributes like resilience among family caregivers of individuals with Alzheimer's disease from a more affirmative and salutogenic viewpoint.

Consequently, our study endeavors to address, via a scoping review, the following objective to ascertain which interventions have effectively promoted resilience among family caregivers of individuals with Alzheimer's disease.

2. Search Methodology

A preliminary examination of the Web of Science database was conducted. The terms pertained to the population (individuals with Alzheimer's disease and their family caregivers), interventions, and achievable outcomes (resilience), derived from a review of pertinent literature, identification of synonyms, and consultation of MeSH terms such as 'Alzheimer's disease', 'family caregiver', and 'psychological resilience'. The words of each category were amalgamated and tailored to the individual queries of every data set from 2021 to 2023. The selected databases were deemed the most representative in the social healthcare domain: Medline, CINAHL Plus, PsycINFO, and Cochrane Library.

3. Role of Nursing Practitioners and Key Characteristics of the Interventions

Nursing professionals engaged as clinicians in a creative art treatment and a multicomponent psychological instruction intervention [22-24]. Nonetheless, the functions they executed inside the healthcare team and the initiatives to be developed in the program remained unspecified.

4. Creative Art-Based Interventions

Innovative artistic interventions are exercises that use many mediums such as theatre, music, dance, and literature innovatively, aimed at enhancing individuals' physical and mental well-being while fostering the exploration as well as growth of new expressive talents. Four publications used creative art initiatives [24-27]: two employed qualitative methods (using grounded theory) and two utilized mixed methods, including a total of 20 caregivers and 32 dyads. The activities conducted inside this group included arts and crafts, painting, poetry writing, and stage staging.

The efficacy of creative arts as a means to enhance resilience remains ambiguous since both mixed investigations [26,27] failed to provide substantial positive results for resilience, with one study indicating a rise in depression and stress towards the conclusion of the program. Caregivers had a sense of powerlessness after the intervention [26].

Despite both studies being conducted over 8 weeks, Kidd et al. [26] were executed in the participants' residences with a specific focus on caregivers, who were required to compose a poem weekly. In contrast, McManus et al. [27] implemented performing arts within the caregiving dyad, emphasizing the necessity for caregivers to acquire skills for disease management, incorporate additional psychoeducational activities, and mitigate the occurrence of adverse events, such as stress, during the activity.

Qualitative studies involving 10 family caregivers demonstrated that activities such as painting at home and visiting art galleries, along with various arts and crafts conducted over 5 weeks, positively influenced resilience as well as mental health. Their initiative enabled caregivers to experience a sense of 'peace and relief' and facilitated their adaptation to changes associated with Alzheimer's disease; moreover, beyond the conclusion of this program, the participants persisted with it, finding it more beneficial than the self-help organizations they previously attended [24,25].

5. Multifaceted Interventions Grounded in Psychoeducation

Multicomponent psychoeducational therapies aim to cultivate coping skills, facilitate adaptation to new roles via psychological support, and impart particular information about the disease. This category comprises three studies: two using an experimental approach [22,28] and one utilizing a quasi-experimental approach [29], with an overall number of 62 family caregivers including 365 dyads. Cognitive behavioral and resilience-focused psychoeducational techniques were included in these investigations.

The initial two studies yielded divergent results concerning the application of cognitive behavioral therapies to caregivers and dyads; the latter demonstrated no enhancement in the neurocognitive capabilities of individuals with Alzheimer’s and no alterations in the caregiver’s overall well-being, which exhibited a slight increase in depressive symptoms by the study's conclusion [22]. The authors asserted that the implementation of cognitive behavioral recovery in a chronic neurological condition, requiring caregiver training to administer the program at home, was impractical for enhancing the level of life of the parenting dyad. Nonetheless, the execution of these acts together might enhance their linkages.

Favorable results were seen in all variables of the research, which focused only on recovery and family caregivers, due to the implementation of an 8-week, on-site psychoeducational resilience program. The resilience findings in Cerquera et al. [29] were comparable since they used an on-site format; however, no conclusions could be drawn about the decrease of factors such as sadness and overload. This may be elucidated by the following issues: elevated participant desertion rates due to unavailability, the requirement for relocation, insufficient desire and engagement in the activity, and the caregivers' pessimistic outlook as the illness advances.

6. Meditation-Based Interventions

Meditation encompasses various practices, both spiritual and contemplative, that engage the mind and body, whereas mindfulness, defined as the awareness derived from attentively observing present sensations without judgment, is primarily a reflective or awareness-enhancing practice. This section contains two analytical experimental articles: one conducted a randomized clinical study using transcendental meditation in Australia [30], while the other used a quasi-experimental design focusing on mindfulness in Asia [23]. A total of 202 female family caregivers, married to patients diagnosed with Alzheimer’s, underwent these treatments.

The results across studies were inconsistent: Pandya's research [23] demonstrated enhanced resilience outcomes and showed reduced desertion rates. The research included a larger sample size and used a mixed-methods design, including mindfulness activities both on-site and at participants' residences. After five years of implementation, no harmful impacts were reported, and it was noted that results were linked to participating at least 75 percent of the program's sessions. The research conducted by Leach et al. [30] demonstrated a reduction in stress and stability in the adaptability score, emphasizing the emergence of severe adverse effects (paraesthesia, migraines, blurred vision) and mild to moderate effects (arthralgia) resulting from the intervention.

7. Discussion

This is a preliminary scoping study that delineates the most effective non-pharmacological therapies for enhancing and sustaining resilience among family caregivers of individuals with Alzheimer’s disease who cohabit and dwell in the community. This is the first evaluation concentrating on the intervention content and strategies used in qualitative, quantitative, and mixed methodologies. This study delineates activities that facilitate resilience development in this group and underscores the paucity of interventional research, despite the adaptation of the resilience concept to Health Sciences since the 1970s and its incorporation as a diagnosis by nurses over a decade ago. There is a paucity of methodological design, program development, and direct engagement of nursing practitioners.

This review presents multiple practical consequences for the development and implementation of interventions aimed at enhancing resilience in family caregivers of individuals with Alzheimer’s disease, considering the overarching objective and narrative evaluation of the employed contents and techniques: psychoeducation, creative arts, and meditation activities. This unique categorization has expanded resilience-related therapeutic strategies, which are situated within conventional individual or collective psychological therapy, pharmaceutical treatment, and restorative resources [13,18,31].

The idea of resilience has been defined and assessed variably throughout various scientific studies. Despite the scientific literature indicating that it is an abstract concept difficult to define [12,32,33], these theoretical discrepancies have facilitated the emergence of confusion biases, particularly in studies where the concept of resilience has not been explicitly and succinctly articulated [23,26,28,30].

We propose that future investigating resilience should focus on normalizing the notion, defined primarily as an individual's appropriate adaptability to unfavorable situations and the acquisition of good experiences [15,34]. This would facilitate the use of validated scales such as those developed by Wagnild and Young [35] and Connor and Davidson [36], therefore achieving harmonization and uniformity in processed data.

It is intriguing to see that resilience may be enhanced both directly and indirectly by mitigating adverse factors such as overload or despair. While the majority of research has concentrated on alleviating the adverse symptoms associated with caring, empirical data indicates the need to concurrently examine the variables of 'overload' and 'depression' in caregivers, as they represent the most severe and maladaptive factors [29,37,38]. Nonetheless, our results do not align with previous research, since only one of them met this criterion [26]. Although the pathogenic perspective, which focuses on reducing negative symptomatology, remains dominant, there is potential for enhancing resilience by improving positive variables such as humor, sense of identity, and confrontation. Future research should adopt a more salutogenic perspective to cultivate more resilient self-care skills.

Experimental research indicated that data must be meticulously analyzed owing to the variety of sample sizes, study factors, and intervention development. Some studies have shown favorable resilience results, consistent outcomes, or a post-intervention decline in positive outcomes [24,26-29]. The primary reasons for the inability to derive positive outcomes, which future research should consider, include: the necessity of selecting an appropriate main activity, as participants required both playful and informative or demonstrating tasks concerning disease management; the inability to sustain activities post-research; and the diminished drive and engagement of the sample, attributable to various factors associated with disease progression (increased care demands, mortality of the individual with Alzheimer’s illness) and the implementation of activities within the dyad [23-28,30,31]. This finding aligns with earlier studies recommending that the intervention be conducted alone with the caregiver, as resilience is a dynamic notion that can be cultivated, although necessitating the caregiver's strong neurocognitive capabilities [3,10,12].

The primary caregiver profile mostly features females who are responsible for the care of individuals with Alzheimer’s disease. Caregivers are mostly women aged 40 to 60 years, responsible for both the requirements of individuals with Alzheimer’s disease and home responsibilities. Nonetheless, further homogenous studies focusing on caregivers of men should be conducted, considering their rising prevalence in recent years, to evaluate the general efficacy of these treatments [39,40].

This review has identified conflicting outcomes regarding various variables, aside from gender, that serve as risk or adaptability security factors, such as age (older versus younger), advanced dementia stage, duration of caregiving, educational attainment, economic status, and substance use. We included religion and culture as protective variables, as shown by the research of Pessotti et al. [41], which asserts that more religious caregivers exhibit reduced depression levels and indirectly enhance their resilience. In our research, the role of a wife was identified as a risk factor for kinship, in contrast to previous studies that classify it as a protective factor [42].

Considering the specifics of the intervention, there is insufficient evidence to assert that doing activities at the house is more suitable. Nonetheless, doing them on-site was associated with justifications for program discontinuation, such as mobility issues, scheduling conflicts, or the need to locate an alternative caregiver [27,30,31]. Consequently, the literature advocates for activities to be conducted in the individual's house or a nearby site, equipped with sufficient materials and human resources to support the person with Alzheimer's disease [23,25,43].

Research indicated that adequate oversight and monitoring by specialists should be guaranteed for activities conducted at residential locations; however, this was often not implemented in the majority of instances [24,26]. Communication and information technologies may be used for this objective, as they would provide essential assistance and enable improved adaptability to the environment and timetables of caregivers, serving as a positive reward for treatment adherence [24,44].

In both instances, despite the significance of activity duration [24-28], it might be more advantageous for participants to independently execute the previously directed intervention without professional oversight, particularly in the context of psychoeducation as well as meditation tasks, which appear to yield the most promising outcomes. Nursing professionals participated in two of the nine interventions, noting that two trials did not define the kind of collaborating professional [30-32]. These approaches are grounded on psychoeducation, facilitated by psychologists and occupational therapists, with creative arts. None of them delineated the function of the nursing professional within these programs, leaving it up to interpretation. A program that defines and assesses nursing activities is necessary, since nurses may engage in many activities, including mindfulness, irrespective of our research findings.

Nursing practitioners, as integral members of the multidisciplinary team, play a vital role in supporting caring dyads with their health throughout the illness process, even before a formal diagnosis [17]. This indicates that such activities may be feasible in the early phases of Alzheimer’s disease, where caregivers typically exhibit reduced levels of stress and depression and demonstrate a greater willingness to acquire disease management skills [13,45]. Furthermore, its implementation could be beneficial when symptoms associated with caregiver syndrome begin to manifest in any caregiver type.

Qualitative results need careful consideration due to the limited certainty of the evidence, which may result in less trust in the acquired conclusions. The absence of objective evidence regarding the enhancement of variable outcomes does not imply that the implemented activities were ineffective; rather, they offered an alternative viewpoint on the resilience acquired by caregivers through creative art activities, as the only two qualitative investigations in the review focused on this aspect. Consequently, it would be beneficial to enhance the methodological rigor of these studies, to expand them to other activities such as psychological instruction or meditation, and/or to supplement them with quantifiable data and objectives, ultimately aiming for a deeper understanding of resilience, contextualizing interventions, and tailoring them to the requirements of family caregivers.

8. Conclusions

This scoping review emphasizes the critical importance of fostering resilience in informal caregivers of patients with Alzheimer’s disease. By enhancing resilience, caregivers can better manage the multifaceted challenges of caregiving, including physical demands, emotional strain, and psychological distress. Psychoeducational interventions emerged as particularly effective, equipping caregivers with coping mechanisms and disease management strategies that improve their overall well-being. Mindfulness practices also showed promise in alleviating stress and promoting emotional stability, while creative arts interventions offered a novel but variable approach to resilience enhancement.

Despite these promising findings, the review identifies substantial gaps in current research, particularly regarding the sustainability of interventions, the role of nursing professionals, and the adaptation of strategies to diverse caregiver profiles. Nursing practitioners, as central figures in caregiver support, must be empowered with well-defined roles and tools to deliver resilience-focused interventions effectively.

Additionally, future studies should aim to standardize resilience measurement tools, increase sample diversity, and adopt longitudinal designs to better understand the long-term impacts of these interventions.

The findings highlight the transformative potential of resilience-focused care in improving not only caregiver health but also the quality of care provided to individuals with Alzheimer's disease. By prioritizing resilience, healthcare systems can mitigate the adverse effects of caregiving, enhance caregiver satisfaction, and ultimately contribute to better patient outcomes.

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استراتيجيات التمريض لتعزيز المرونة لدى مقدمي الرعاية لمرضى الزهايمر: مراجعة شاملة للتدخلات والنتائج

الملخص

الخلفية :يشكل مرض الزهايمر، كاضطراب عصبي مزمن، تحديات كبيرة لكل من المرضى ومقدمي الرعاية لهم، وخاصة مقدمي الرعاية غير الرسميين الذين يواجهون أعباء جسدية وعاطفية ونفسية. تتطلب هذه التحديات استراتيجيات تمريضية مبتكرة لتعزيز المرونة لدى مقدمي الرعاية، حيث تم ربط المرونة بالتكيف النفسي الأفضل وتقليل ضغوط مقدمي الرعاية.

الطرق :تم إجراء مراجعة استكشافية باستخدام قواعد بيانات تشمل "مدلاين"، "CINAHL Plus"، "PsycINFO"، و"مكتبة كوكرين" لتحديد التدخلات غير الدوائية التي تستهدف تعزيز المرونة لدى مقدمي الرعاية لأفراد مصابين بمرض الزهايمر. تم تحليل الدراسات المنشورة بين عامي 2021 و2023، مع التركيز على تدخلات مثل التعليم النفسي، الفنون الإبداعية، وممارسات اليقظة الذهنية. تم استخراج البيانات لتقييم نتائج التدخلات، ملفات تعريف مقدمي الرعاية، وأدوار المتخصصين في التمريض.

النتائج :أظهرت تدخلات التعليم النفسي النتائج الأكثر اتساقًا في تعزيز المرونة، تليها ممارسات اليقظة الذهنية التي حققت انخفاضًا في القلق والاكتئاب. قدمت التدخلات القائمة على الفنون الإبداعية نتائج متباينة، حيث أبلغ بعض مقدمي الرعاية عن ارتياح عاطفي، بينما شعر آخرون بزيادة في التوتر. لعب الممارسون التمريضي دورًا حاسمًا في تنفيذ ودعم التدخلات، على الرغم من أن أدوارهم غالبًا ما كانت غير محددة بشكل كافٍ. تم تحديد تحديات رئيسية مثل انسحاب المشاركين، استدامة التدخلات، وتباين النتائج بسبب تقدم المرض وملفات مقدمي الرعاية.

الخلاصة :تتمتع التدخلات غير الدوائية مثل التعليم النفسي، اليقظة الذهنية، والفنون الإبداعية بإمكانيات كبيرة لتعزيز المرونة لدى مقدمي الرعاية، مما يقدم فوائد كبيرة في تخفيف التوتر وتحسين الرفاه النفسي. ومع ذلك، هناك حاجة إلى المزيد من الأبحاث ذات أحجام عينات أكبر وتصاميم منهجية قوية وأدوار تمريضية محددة بوضوح لتحسين هذه التدخلات. يجب على الممارسين التمريضي إعطاء الأولوية لاستراتيجيات بناء المرونة لدعم مقدمي الرعاية في أدوارهم الصعبة، مما يحسن في النهاية نتائج الرعاية للأفراد المصابين بمرض الزهايمر.

الكلمات المفتاحية :مرض الزهايمر، مرونة مقدمي الرعاية، التعليم النفسي، التدخلات التمريضية، اليقظة الذهنية.