



The Relationship between Parenting Self-Efficacy and Caregiver Burden in the Sandwich Generation

Afifa Surya Darmaning Tyas¹, Fitri Ayu Kusumaningrum^{1*}

¹Departement of Psychology, Universitas Islam Indonesia, Indonesia

Corresponding author's email: fitriayukusumaningrum@uii.ac.id

ABSTRACT

The purpose of this research is to determine the relationship between parenting self-efficacy and caregiver burden that occurs in the sandwich generation. This is a quantitative research with Burden Scale used to determine the Family Caregivers short-version scale and Parenting Sense of Competence of 110 women aged 30-50 years. The results explained a significant negative relationship between parenting self-efficacy and caregiver burden in the sandwich generation. The correlation coefficient value obtained was $r = -0.469$ and $p = 0.000$ ($p < 0.005$). Therefore, the higher the level of parenting self-efficacy, the lower the caregiver burden experienced. Conversely, the lower the level of parenting self-efficacy, the higher the caregiver burden experienced, therefore, the hypothesis is accepted.

Keywords: Parenting Self-Efficacy; Caregiver Burden; Sandwich Generation

1. INTRODUCTION

Caregiver burden is described as a condition in which individuals feel depressed and discomfort due to their roles. According to Savundranayagam et al, this multidimensional construct is related to tension and anxiety (stress burden), changes in dyadic relations (relationship burden), and time violations (objective burden) that arise due to parenting tasks. Caregiver burden is also defined as a situation in which the parents feel burdened to an extent. It significantly influences their parenting style, health, risk of death, and sustainability in caring for the home [1].

This tends to negatively impact individuals, such as a decline in the provision of care, quality of life, and physical and psychological health. This is in line with Bastawrous's research that one of the negative impacts is the reduced provision of care, which decreases when caregiver is burdened [2]. Caregiver burden also impacts physical health, such as fatigue, stress, lost time during social interactions, and the emergence of financial problems [3].

However, this is common in the sandwich generation, where both parents and children share parenting demands and responsibilities. The individuals involved are bound by the dual responsibility of caring for a child and 1 or more elderly family members [4]. Meanwhile, those belonging to this generation tend to be 40 to 65 years [5]. Künemund stated that the sandwich generation comprises

those within the age range of 40 to 59 years, also known as middle adulthood, that bear the task of caring for both the elderly and younger family members.

Middle adulthood is characterized as the period individuals experience a balance in respect to various aspects of life. At this age, they balance work and relationship responsibilities amidst the physical and psychological changes associated with aging [7].

Demographic data states that 6.42% of the total 7,009 households in Indonesia are classified as the sandwich generation, and 10.9 to 11.3% constitute working-class women [8]. Kusumaningrum stated that 108 of them experiences a high level of approximately 24.07% of caregiver burden.

Based on the results of interviews with 110 female respondents categorized in the sandwich generation using a google form, it was discovered that physical, psychological, and financial complaints were regularly mentioned in terms of caring for both parents and children. Physical complaints include fatigue, severe migraine, nausea, dizziness, insomnia, knee and back pains, rheumatism, and frequent colds. Furthermore, the psychological complaints are irritability, crying easily, often feeling helpless, overthinking, emotional, frequently sad, and anxious. Financial complaints experienced only revolve around daily needs and debts and the feelings that these are not enough to support their children and parents.

A decline was recorded in the role of middle-adult women in the sandwich generation in terms of their parenting skills, health, and welfare. Furthermore, this also causes a more significant effect of stress and tension due to time constraints in both social life and leisure activities [9]. Women who take care of children and the elderly have unstable relationships due to lack of support and greater burden [10]. These roles also cause detrimental effects such as time pressure, negative emotional outbursts, and unrealistic expectations [11]. Furthermore, the parenting responsibilities of the sandwich generation tend to significantly influence self-care-mediated emotional exhaustion [12].

Several internal and external factors affect caregiver burden. The internal factors include gender difference [13], age [14], caregiver self-efficacy [15], and coping strategies [16]. Meanwhile, the external factors are social support [8], financial circumstances [17], and marital status [18]. According to Mathur et al individuals ready to handle caregiver burden have been identified as those with positive coping mechanisms, self-care, internal motivators, and possess intrinsic behaviours such as mastery, resilience, and self-efficacy. Among these, self-efficacy has been proven to influence individual behaviour and motivation significantly.

It is one of the main potential cognitive elements of competent parenting [20]. Moreover, Bandura proposed the self-efficacy theory concerning an individual's ability to carry out a specific task in a particular situation.

This research is based on preliminary research on caregiver burden, and parenting self-efficacy carried out in several countries. However, no research has investigated these attributes in women of the sandwich generation. Previous research revealed a negative relationship between parenting self-efficacy and caregiver burden [21]–[23].

According to some of the aforementioned literature reviews, it is evident that preliminary research analyses the relationship between caregiver burden and parenting self-efficacy. However, none has been discussed concerning the sandwich generation, which led to the analysis carried out in this research.

Table 1 Normality Test Results

Variable	P	Description
Caregiver Burden	0.200	Normal
Parenting Self-Efficacy	0.001	Abnormal

Table 2 Linearity Test Results

Variable	F	P	Description
Caregiver burden and parenting self-efficacy	36.7	0.000	Normal

Based on the results of the normality test carried out using the Kolmogorov-Smirnov technique, the data

2. METHOD

The research subjects are women aged 30 to 50 years who take care of their children, and biological parents as well as in-laws. This quantitative research obtained data by distributing questionnaires containing a scale of caregiver burden and parenting self-efficacy through google form media. Furthermore, these were compiled using a Likert scale where the subject was presented with several questions and then instructed to choose an answer sincerely from the several alternatives or options available.

The Burden Scale for Family Caregiver-Short (BSFC-s) consists of 10 items modified in Indonesian to measure caregiver burden. This is a shortened version of the Burden Scale for Family Caregiver (BSFC) designed by Graessel et al, using a Cronbach's alpha value of 0.900. Interestingly, aspects of the BSFC-s scale are uniaspectonal. Furthermore, the Parenting Sense of Competence (PSOC) designed by Johnston and Mash and modified in Indonesian was used to measure parenting self-efficacy. This scale consisted of 17 items and was proposed with a Cronbach's alpha value of 0.795, while the PSOC scale consists of 2 aspects, namely satisfaction and efficacy.

The proposed hypothesis stated that there is a negative relationship between caregiver burden and parenting competence in the sandwich generation. The data analysis method used to manage the information obtained from the questionnaire is the Statistical Package for Social Science (SPSS) 26.0.0 software for windows.

3. RESULT AND DISCUSSION

3.1. Results

This research carried out assumption, hypothesis, and correlation tests on several demographic data. First, the assumption test, which includes normality and linearity were carried out and are shown in the following tables.

obtained from caregiver burden variable $p = 0.2$ ($p > 0.05$) and parenting self-efficacy variable $p = 0.001$ ($p >$

0.05) are normally and abnormally distributed, respectively. Meanwhile, in accordance with the results of the linearity test, it was discovered that the relationship between caregiver burden and parenting self-efficacy was linear $p = 0.000$ ($p < 0.05$).

Table 3 Hypothesis Test Results

Variable	r	r ²	P	Description
Caregiver burden and parenting self-efficacy	-0.469	0.242	0.000	Significant

The test results show that the correlation coefficient between caregiver burden and parenting self-efficacy in

Furthermore, the hypothesis test was carried out using a non-parametric Spearman Rho technique, and the results are shown in Table 3.

the sandwich generation is $r = -0.469$ and $p = 0.000$ ($p < 0.05$).

Table 4 Variable Aspect Intercorrelation Test Results

Aspect		Satisfaction	Efficacy	Caregiver Burden
1. Satisfaction	r	1	0.828	-0.541
	p		0.000	0.000
2. Efficacy	r	0.828	1	-0.469
	p	0.000		0.000
3. Caregiver burden	r	-0.541	-0.469	1
	p	0.000	0.000	

An additional analysis in a correlation test was carried out on parenting self-efficacy and caregiver burden,

based on marital status, work type, and total income. The additional analysis test results are shown in Table 5-7.

Table 5 Caregiver Burden Difference Test Results Viewed from Marital Status

Category	Marital Status	
	Sig. (P)	Mean
Married	0.154	56.96
Widow (divorced/died)		42.50

Table 6 Caregiver Burden Difference Test Results in terms of work type

Category	Work type	
	Sig. (P)	Mean
Public/private/office employees	0.030	56.50
Entrepreneur		34.10
Housewife		56.91

Table 7 Caregiver Burden Expenses Difference Test Results in terms of Total Income

Category	Total Income	
	Sig. (P)	Mean
1.000.000 to 2.000.000	0.024	62.03
3.000.000 to 4.000.000		58.30
>4.000.000		43.61

3.2. Discussion

This research aims to determine whether there is a negative relationship between caregiver burden and parenting self-efficacy in sandwich generation women. Meanwhile, 110 female respondents aged between 30 to 50 years and living with their children and parents or in-laws participated in this research. The proposed hypothesis stated a negative relationship between

caregiver burden and parenting self-efficacy in the sandwich generation.

The test results show that the correlation coefficient value between caregiver burden and parenting self-efficacy in the sandwich generation is $r = -0.469$ and $p = 0.000$ ($p < 0.05$). This shows that a significant negative relationship exists between both variables. These results indicate that the higher the level of individual parenting self-efficacy, the lower the caregiver burden experienced,

and vice versa. The correlation test results are consistent with preliminary research [23], that parental efficacy has a significant negative relationship with caregiver burden experienced ($r = -0.42$; $p < 0.001$).

Based on the correlation test, the aspect of satisfaction shows $r = -0.541$ and $p = 0.000$ and tends towards caregiver burden. This indicates that there is a significant negative relationship between these 2 attributes. These results also imply that the higher the level of individual satisfaction, the lower the caregiver burden experienced, and vice versa. This is consistent with preliminary research carried out by Lea Steadman et al. (2007), entitled Premorbid Relationship Satisfaction and Caregiver Burden in Dementia Caregivers. It stated that a significant negative relationship of $r = -0.38$ and $p = 0.001$ ($p < 0.05$) existed between the 2 variables. Moreover, Hsiao and Tsai carried out another research that revealed a negative relationship between caregiver burden and satisfaction in families that care for people with schizophrenia ($r = 0.15$; $p = 0.09$).

Meanwhile, the correlation test on aspects of efficacy and caregiver burden showed several $r = -0.469$ and $p = 0.000$. Therefore, a significant negative relationship exists between aspects of efficacy and caregiver burden. This indicates that the higher the individual's level of efficacy, the lower the caregiver burden experienced, and vice versa. It is in line with research carried out by [22], entitled Level of Care Burden and Self-efficacy for Informal Caregiver of Patients with Cancer. It stated that a significant negative relationship equal to ($r = 0.104$; $P < 0.05$), existed between the 2 variables.

The analysis of the different caregiver burden tests shows that the marital status has a significance level of $p = 0.154$ ($p > 0.05$) was realized. These results indicate that caregiver burden scores of the 2 groups of respondents' marital statuses are similar. The average score of the highest caregiver burden realized in the sandwich generation group with married status is 56.96. Meanwhile, based on the test results in terms of work type, the significance level value is $p = 0.03$ ($p < 0.05$). These indicate differences in caregiver burden scores assigned to the 3 groups of respondents' occupations. The average score of the highest caregiver burden in the sandwich generation group that are housewives is 56.91. Based on the test results in terms of the total income, the significance level value is $p = 0.024$ ($p < 0.05$). These indicate that there are differences in caregiver burden scores assigned to the 3 groups of respondents' total income. The average score of the highest caregiver burden in the sandwich generation group with total income ranging from 1,000,000 to 2,000,000 is 62.03.

Several weaknesses were discovered during the process of data collection and interviews. The research carried out online made them unable to provide direct and appropriate responses or feedback and are less able to control the respondents while filling out the

questionnaire. Subsequently, the distribution of questionnaires is not based on the demographic location of a region in Indonesia, therefore, its frequency is uneven and random. The use of a scale for independent variables sourced from old journals was also because the relationship between caregiver burden and parenting self-efficacy is rarely determined, and it is difficult to find appropriate library materials to be used as references.

4. CONCLUSION

Based on the analyses carried out, it was concluded that there is a significant negative relationship between caregiver burden and parenting self-efficacy in the sandwich generation. This shows that the higher the level of parenting self-efficacy, the lower the caregiver burden experienced, and vice versa. Based on these results, the proposed hypothesis was accepted.

REFERENCES

- [1] E. Gräbel, T. Chiu, and R. Oliver, "Development and validation of the Burden Scale for Family Caregivers," *Comprehensive Rehabilitation and Mental Health Services*. pp. 1–24, 2003.
- [2] B. A. Given, P. Sherwood, and C. W. Given, "Support for caregivers of cancer patients: Transition after active treatment," *Cancer Epidemiology Biomarkers and Prevention*, vol. 20, no. 10, pp. 2015–2021, 2011, doi: 10.1158/1055-9965.EPI-11-0611.
- [3] A. Kaur, S. Mahajan, S. S. Deepti, and T. Singh, "Assessment of role of burden in caregivers of substance abusers: a study done at Swami Vivekananda Drug De-addiction Centre, Govt. Medical College, Amritsar," *International Journal Of Community Medicine And Public Health*, vol. 5, no. 6, p. 2380, 2018, doi: 10.18203/2394-6040.ijcmph20182162.
- [4] A. M. Boyczuk and P. C. Fletcher, "The Ebbs and Flows: Stresses of Sandwich Generation Caregivers," *Journal of Adult Development*, vol. 23, no. 1, pp. 51–61, 2016, doi: 10.1007/s10804-015-9221-6.
- [5] R. Hurlley, "The sandwich generation," *Journal of Dementia Care*, vol. 15, no. 4, pp. 16–17, 2007, doi: 10.4324/9781351264044-18.
- [6] H. Künemund, "Changing Welfare States and the 'Sandwich Generation': Increasing Burden for the Next Generation?," *International Journal of Ageing and Later Life*, vol. 1, no. 2, pp. 11–29, 2006, doi: 10.3384/ijal.1652-8670.061211.
- [7] M. E. Lachman, "Development in midlife," *Annual Review of Psychology*, vol. 55, pp. 305–331, 2004, doi: 10.1146/annurev.psych.55.090902.141521.
- [8] F. A. Kusumaningrum, "Generasi Sandwich: Beban

- Pengasuhan dan Dukungan Sosial pada Wanita Bekerja,” *Psikologika: Jurnal Pemikiran dan Penelitian Psikologi*, vol. 23, no. 2, pp. 109–120, 2018, doi: 10.20885/psikologika.vol23.iss2.art3.
- [9] R. M. Rubin and S. I. White-Means, “Informal caregiving: Dilemmas of sandwiched caregivers,” *Journal of Gambling Studies*, vol. 25, no. 3, pp. 252–267, 2009, doi: 10.1007/s10834-009-9155-x.
- [10] N. Depasquale, K. D. Davis, S. H. Zarit, P. Moen, L. B. Hammer, and D. M. Almeida, “Combining formal and informal caregiving roles: The psychosocial implications of double- and triple-duty care,” *Journals of Gerontology - Series B Psychological Sciences and Social Sciences*, vol. 71, no. 2, pp. 201–211, 2016, doi: 10.1093/geronb/gbu139.
- [11] K. L. Evans, J. Millsteed, J. E. Richmond, M. Falkmer, T. Falkmer, and S. J. Girdler, “Working sandwich generation women utilize strategies within and between roles to achieve role balance,” *PLoS ONE*, vol. 11, no. 6, pp. 10–12, 2016, doi: 10.1371/journal.pone.0157469.
- [12] S. J. Jang, D. Song, K. Baek, and A. Zippay, “Double child and elder care responsibilities and emotional exhaustion of an older sandwiched generation: The mediating effect of self-care,” *International Social Work*, 2019, doi: 10.1177/0020872819833425.
- [13] R. D. Pattanayak, R. Jena, M. Tripathi, and S. K. Khandelwal, “Assessment of burden in caregivers of Alzheimer’s disease from India,” *Asian Journal of Psychiatry*, vol. 3, no. 3, pp. 112–116, 2010, doi: 10.1016/j.ajp.2010.06.002.
- [14] R. S. Maryam, R. Rosidawati, N. M. Riasmini, and E. S. Suryati, “Beban Keluarga Merawat Lansia Dapat Memicu Tindakan Kekerasan dan Penelantaran Terhadap Lansia,” *Jurnal Keperawatan Indonesia*, vol. 15, no. 3, pp. 143–150, 2012, doi: 10.7454/jki.v15i3.2.
- [15] B. Casado and P. Sacco, “Correlates of caregiver burden among family caregivers of older Korean Americans,” *Journals of Gerontology - Series B Psychological Sciences and Social Sciences*, vol. 67, no. 3, pp. 331–336, 2012, doi: 10.1093/geronb/gbr115.
- [16] E. Papastavrou, H. Tsangari, G. Karayiannis, S. Papacostas, G. Efstathiou, and P. Sourtzi, “Caring and coping: The dementia caregivers,” *Aging and Mental Health*, vol. 15, no. 6, pp. 702–711, 2011, doi: 10.1080/13607863.2011.562178.
- [17] S. Sabzwari, A. Badini, Z. Fatmi, and S. Shah, “Burden and associated factors for caregivers of the elderly in a developing country,” *Eastern Mediterranean Health Journal*, vol. 22, no. 6, pp. 394–403, 2016, doi: 10.26719/2016.22.6.394.
- [18] Y. S. E. Putri, “Prediktor Beban Merawat Dan Tingkat Depresi Caregiver Dalam Merawat Lanjut Usia Dengan Demensia Di Masyarakat,” *Jurnal Ners*, vol. 8, no. 1, p. 89, 2013.
- [19] S. Mathur, S. Chandran, M. Kishor, S. Prakrithi, and T. S. S. Rao, “A comparative study of caregiver burden and self-efficacy in chronic psychiatric illness and chronic medical illness: A pilot study,” *Archives of Mental Health*, vol. 19, no. 2, pp. 115–122, 2018, doi: 10.4103/AMH.AMH_16_18.
- [20] P. K. Coleman and K. H. Karraker, “Parenting Self-Efficacy Among Mothers of School-Age Children: Conceptualization, Measurement, and Correlates*,” pp. 13–24, 2000.
- [21] D. Gallagher *et al.*, “Self-efficacy for managing dementia may protect against burden and depression in Alzheimer’s caregivers,” *Aging and Mental Health*, vol. 15, no. 6, pp. 663–670, 2011, doi: 10.1080/13607863.2011.562179.
- [22] E. Yildiz, S. A. Karakaş, Z. Güngörmüş, and M. Cengiz, “Levels of care burden and self-efficacy for informal caregiver of patients with cancer,” *Holistic Nursing Practice*, vol. 31, no. 1, pp. 7–15, 2017, doi: 10.1097/HNP.0000000000000185.
- [23] J. A. Weiss, A. Tint, M. Paquette-Smith, and Y. Lunskey, “Perceived self-efficacy in parents of adolescents and adults with autism spectrum disorder,” *Autism*, vol. 20, no. 4, pp. 425–434, 2016, doi: 10.1177/1362361315586292.

Open Access This chapter is licensed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits any noncommercial use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license and indicate if changes were made.

The images or other third party material in this chapter are included in the chapter’s Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the chapter’s Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder.

