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Strengthening Resilience of Family Caregiving for the Elderly through Religious Coping Approach: from Philosophy to Gerontological Family Nursing Practice

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ABSTRACT

This article presents an overview of the philosophical and theoretical foundations of the Family Resilience, The Resiliency Model of Family Stress, Adjustment, and Adaptation Model in families caring for the elderly, The Concept of Religious Coping and its application in order to strengthen family resilience. It is based on the phenomenon the increasing elderly population worldwide has become a global problem, along with the fact that the extension of life expectancy in a person is also accompanied by a decrease in function due to degenerative processes, that require complex health care services. So far, the family is still the primary care setting of choice in the care of the elderly. However, as an informal caregiver, the family also has many limitations that cause the burden of caring for the elderly to become a source of stress in itself. Hence, it impacts the quality of care and the quality of life of the elderly themselves. Meanwhile, from various sources, it is known that religious coping is one of the sources in overcoming stress. So that a strategy is needed to strengthen family resilience in accepting the responsibility of health care for the elderly with a religious coping approach.

Keywords: Family Resilience; Caregiving; Elderly; Religious Coping; Philosophy

Introduction

Along with improving the quality of health services and increasing awareness of the importance of healthy living, it has an impact on increasing life expectancy, resulting in an increase in the proportion of elderly people worldwide. The proportion of elderly people makes up more than one-fifth of the total population in 17 countries today, and by the end of the century, this will occur by 2100 for 155 countries, covering 61% of the entire world population (UN DESA Population Division, 2020; United Nations Development Programme, 2020). Life expectancy, on the other hand, is an indicator of improving the quality of health services and awareness of a healthy lifestyle, but on the other hand, it also raises concerns considering that age is certain to experience various declines physically, mentally, and socially. In the future, there will be a process of the gradual disappearance of the network to work in meeting the needs of life. As people get older, it is likely that a person also experiences problems such as physical, mental, spiritual, and socio-economic. The very basic problem in the elderly is health problems due to degenerative processes. Several studies have also shown that along with increasing age, the facts related to the risk of death, health status, decreased types and levels of activity, productivity, and other

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socioeconomic characteristics of the elderly group have also changed significantly (Eliopoulos, 2018; European Commission, 2021; United Nations Development Programme, 2020).

Various data sources reveal that 80% of elderly people aged 65 years and over have at least one chronic condition, so they have a great potential to lose independence due to their limited ability to perform various functions, including self-care activities. Under these circumstances, the elderly will need assistance in at least one of the following daily activities, such as bathing, dressing, mobilizing, toileting, eating, and taking medication. Assistance from others may also be needed in meeting other household needs such as meal preparation, shopping, transportation, and financial management (Eliopoulos, 2018; Harmon Hanson, 2005; PBB, 2020) . In the "oldest" group of elderly people over 85 years of age, they have a greater chance of experiencing various diseases and conditions that interact with each other resulting in a condition known as Frailty. Frailty is a non-specific clinical term associated with functional decline and includes anorexia, weight loss, impaired mobility, falls, fatigue, muscle weakness and wasting, cognitive impairment, and impaired coping (Harmon Hanson, 2005; Kaakinen et al., 2018).

Given the facts about various declines in physical, mental - and cognitive functions in the elderly, the selection of treatment settings is an important aspect to pay attention to. Because for the rest of his life, it is certain that he will always need health services and assistance and even assistance in fulfilling daily activities (Couto et al., 2018). Based on data from previous studies, it shows that although there are differences between communities in parts of Europe and America when compared with some communities in Asia and Africa regarding the choice of care setting for family members who are entering the elderly, elderly care in family settings, in general, is still an option as primary care for the elderly (Bongaarts & Zimmer, 2002). The data shows that more elderly people with chronic conditions remain in the community with the attention and assistance of close family or relatives. About 53% of the elderly who do not live in special health care facilities for the elderly will live in a family environment; the remaining 47% live alone or live with non-relatives. A recent report on aging families and their parents revealed that 54% of families provide care for their children, the elderly, or both. Several studies related to families caring for the elderly reported that 70% said they were required to provide adequate care, however, almost half reported feeling guilty for not being able to do it optimally. Eighty percent (80%) of families are involved in providing social support, which is defined as telephone calls and visits, other activities are paying attention to meeting the various daily needs of the elderly (Couto et al., 2018; Le Low et al., 2017; Riasmini, NM; Sahar, J; Resnayati, 2013). In general, based on the results of several studies on the impact felt by families when caring for family members who are entering the elderly, they will feel a burden both physically, mentally, including financial complaints, where which will directly or indirectly have an impact on the quality of care services provided. They give to the elderly(Harmon Hanson, 2005; Kaakinen et al., 2018; Klein et al., 2021; Termglinchan et al., 2022).

As part of a vulnerable group in society, the elderly have the right to get quality health care services. This target can be achieved if the family who takes on the role of caregiver for the elderly can carry out their role well. Several studies have shown that cultural aspects make a major contribution to strengthening this role. Families who firmly hold the belief that caring for parents is the child's obligation to their parents, as part of respect and also reciprocation to parents, tend to give their best effort in carrying out the role of caring for parents even though they have to bear the burden that is felt to be heavy both physically, mentally and financially. In fact, in many beliefs held by families, they believe that caring for parents will bring blessings to the lives of the children

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who care for them (Nguyen, 2019; Polish, 2015; Prabasari et al., 2017; Raj et al., 2021; Riasmini, NM; Sahar, J; Resnayati, 2013).These strong beliefs directly shape the family's resilience in the face of various things identified as stressors.

Family resilience can be defined as the ability of families to face and adapt to threats or stress in their lives (Masten, 2018; Toledano-Toledano et al., 2019; Yang et al., 2021). Religious factors are known to increase individual resilience. The presence of religious/spiritual values in the family will make a person feel calm, peaceful, and comfortable (Pegues, 2020). Spirituality is a dynamic dimension of a person to learn from experience, interpret an event, purpose, and transcendence associated with himself, others, and nature (Klop et al., 2020). Family coping strategies with religious and spiritual approaches in an effort to survive and adapt to family circumstances are receiving a heavy burden and in the long term, it is important to identify. Religious coping behaviors such as praying to deal with pressure or stressful situations. Religious coping behaviour can help family members to manage feelings of distress and anxiety, then lead them to overcome guilt, and submit fully to God's will. Religious coping will increase a sense of optimism and hope so that families become more adaptable to situations that are felt to be difficult (Hayajneh & Bani-Iss, 2021). Next, this article aims to provide an overview of the philosophical and theoretical foundations of the Family Resilience, The Resiliency Model of Family Stress, the Adjustment, and Adaptation Model in families caring for the elderly, The Concept of Religious Coping and its application in order to strengthen family resilience.

An Overview of Family Resilience Theory

Family Resilience Theory has been studied on various theoretical grounds, including Bandura's Self Efficacy Theory, Lazarus' Stress Theory, Froma Walsh's Family Resilience Framework, and McCubbin and Patterson's Family Resilience. Family stress theory is derived from the family system model which considers all family members as an important part and as a system in which all parts and interactions between these parts are equally important. The Family Stress and Resilience Model by McCubbin & McCubbin have been adopted by the family nursing field because of its use in diverse families and because of its relationship to the person, environment, health, and nursing paradigms of nursing. This strong theoretical connection to resilience and nursing underpins the interest of nursing, which focuses on the holistic care of diverse families and individuals.

The development of the Family Resilience theory is very rapid, where the idea of developing this theory is based on the many studies of family resilience that have been carried out in various situations. There are two classifications that provide a complete understanding of family resilience which view resilience as a trait and a process. In its development, the two perspectives are now collaborating to produce a complete and comprehensive understanding of family resilience. Family resilience can be seen as a trait, meaning we can see protective factors as the main key for families to survive and rise from adversity. This protective factor is found in the family, in the form of positive traits that can encourage the family to rise from the crisis. McCubbin and McCubbin (1988) define family resilience as a family's characteristics, dimensions, and abilities in helping families solve problems by finding solutions and increasing the adaptability of family members to crisis situations (McCubbin, H. I., McCubbin, M. A., Thompson, A. I., & Thompson, 1998).

Efforts through research and theory development aimed at uncovering the phenomenon of why some families are better able to negotiate their way through transitions and tragedies and are able to overcome them and even thrive in the midst of the hardships of life; while other families

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face similar stressors or family transitions if not synonymous with giving up then feeling tired easily. In the context of the Family Stress, Coping and Health Project, family stress theory has been developed and adapted to guide the study of Family Resilience. What makes a family resilient and resilient can be seen through a systematic study of families faced with various normative and non-normative stresses and tensions (Burr, 1973; Hill, 1949; McCubbin & McCubbin, 1987; McCubbin & Patterson, 1983).

The study of Resilience Family tries to describe families in two related phases that can be seen in their response to life changes and disasters. The first phase is the Adjustment Phase and the second is the Adaptation Phase. It should be recognized that most family transitions or changes can create difficulties and require struggling and sometimes necessary to fight against rules or patterns of behaviour within the family, so research on resilient families focuses primarily on these family systems and their strengths and abilities to explain why some families able to adjust to small, short-term changes such as relocation, vacation, and minor illness. These include some crises such as the death of a family member, divorce, or separation that causes major changes in family habits and behaviour (Council et al., 2014).

Research on family resilience also focuses on family adaptation in the second phase. In this phase, the research undertaken seeks to determine the properties, strengths, and capabilities of the family system, and what is needed, called upon, or made to manage major transitions and changes that require family reorganization and adaptation. Research on resilient families uses stress models to guide investigations based on five basic assumptions about family life, namely: (a) Families face adversity and change as natural and predictable aspects of family life throughout the life cycle; (b) Families develop basic strengths and abilities designed to promote the growth and development of family members and family units and to protect families from major problems in the face of family transition and change; (c) Families also face crises that force the family unit to change its traditional way of functioning and adapt to the situation; (d) Families develop unique basic strengths and abilities. These strengths and abilities are designed to protect families from unanticipated or non-normative stressors and tensions and to encourage family adaptation after family crises or major transitions and changes; (e) Families benefit from and contribute to networking and resources in society, particularly during periods of stress and family crisis (Council et al., 2014).

The importance of family stress theory for studying resilient families is based in part on the central role that family strengths, resources, and coping play in understanding and explaining family behaviour in times of stress. Two general propositions have guided the study of Family Resilience, namely: Proposition 1: In the face of normative stressors, transitions, and tensions, the resilient family unit has and effectively uses instrumental and expressive resources in the family system to protect the system from damage or damage and to promote adjustment to the situation. Proposition II: In the face of non-normative stressors, transitions, tensions, and crises (including disasters), resilient family units possess, create, and effectively use instrumental and expressive resources within and outside the family system to protect the system from deterioration or degradation, destruction and to promote adaptation to the situation (Council et al., 2014).

In a collaborative national survey of 1,000 families (Olson et al., 1983), followed by another national study of 360 families over the family life cycle (McCubbin, Thompson, Pirner, & Mc-Cubbin, 1988), family scientists at the University of Minnesota and the University of Wisconsin-Madison sought to identify family strengths that appear to facilitate family efforts to manage stressors and tensions at each stage of the family life cycle. Their specific findings are profiled in Table 1 below.

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Table 1. Table of Critical Family Strength and Coping Skills over The Family Life Cycle, Source : (Council et al., 2014)

	Family Stages			
Family Strengths	Couple	Childbearing & School-age	Teenage & Young Adult	Empty Nest & Retirement
ACCORD: Balanced interrelationship among family members that allows them to resolve conflicts and reduce chronic strain.	X	X		
CELEBRATIONS: Acknowledging birthdays, religious occasions, and other special events.	X	X	X	X
COMMUNICATION: Sharing beliefs and emotions with one another. Emphasis is on how family members exchange information and caring with each other.	X	X		X
FINANCIAL MANAGEMENT: Sound decision-making skills for money management and satisfaction with economic status can contribute to family well-being.	X	X	X	
HARDINESS: A basic strength through which families find the capacity to cope. Emphasizes family members' sense of control over their lives, commitment to the family, confidence that the family will survive no matter what, and the ability to grow, learn, and challenge each other.	X	X	X	X
HEALTH: The physical and psychological well-being of family members can reduce stress and preserve a healthy home atmosphere.	X			X
LEISURE ACTIVITIES: Focuses on similarities and differences of family member preferences for ways to spend free time. Do family members prefer active or passive interests, social or personal activities?	X			
PERSONALITY: Involves acceptance of a partner's traits, behaviors, general outlook, and dependability.	X		X	X
SUPPORT NETWORK: Emphasizes the positive aspects of relationships with in-laws, relatives, and friends.		X	X	
TIME AND ROUTINES: Family meals, chores, togetherness, and other ordinary routines play an important role in creating continuity and stability in family life.	X	X	X	X
TRADITIONS: Honoring holidays and important family experiences carried through generations.	X	X	X	X

Childless couples struggle with work-family tensions, financial strains, intra-family tensions, and illness. The following strengths helped reduce stress for this couple: (a) family agreement on their competence, (b) qualitative marital communication, (c) recreational activity satisfaction, (d) financial management skills, (e) personality compatibility between married couples, (f) personal health practices, (g) family resilience, (h) family time and routines, (i) family traditions, (j) family celebrations.

Families with preschool and school-age children face difficult financial stress, intra-family tensions, work-family tensions, and difficulties associated with pregnancy. Important family strengths that help this family are: (a) family agreement on their competence, (b) qualitative marital

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communication, (c) shared orientation to raising children, (d) satisfaction with family life, (e) financial management skills, (f) orientation of the joint partner to relatives and friends, (g) satisfaction with the quality of life, (h) family celebration, (i) family resilience, (j) family time and routines, (k) family traditions.

Families with adolescent members face difficult financial stress, intra-family tensions, work-family tensions, and predictable transitions and movements of family members in and out of the family unit. This is the most stressful stage of the family life cycle. Important family strengths that help reduce stress for these families are: (a) financial management skills, (b) mutual partner orientation to relatives and friends, (c) satisfaction with marriage, (d) personality compatibility between marital partners, (e) satisfaction on partner sexual relations, (f) satisfaction with quality of life, (g) family resilience, (h) family time and routines, (i) family celebrations, (j) family traditions.

Families in the years of emptiness and retirement struggle with financial stress, illness, loss, marital strain, work-family tension (retirement), and intra-family tension. Their critical family strengths are: (a) qualitative marital communication, (b) personal health behavior, (c) personality compatibility between marital partners, (d) family celebration, (e) family resilience, (f) family time and routines, (g) family traditions. At each stage of the life cycle, the family's adaptation to normative transitions and stressful life events appears to be facilitated by the personal strengths of family members, family strengths, and community support. The findings also reveal the underlying themes of family rituals characterized by traditions, routines, and celebrations as integral and stabilizing characteristics of family life (Bossard & Boll, 1950; Wollin & Bennett, 1984). David Reiss (1981) cites the role of ritual in sustaining and perpetuating the family paradigm or shared beliefs. Tradition bridges the family unit with the past. Routines act as guidelines on how things should be done and enhance the family's conception of themselves and their social world, and celebrations within the family are an important part that needs to be emphasized because it is part of what needs to be highlighted and represents the uniqueness of a family's life.

Family rituals (that is, traditions, routines, and celebrations) appear to add a sense of predictability to family and individual behavior. Furthermore, based on the information collected, McCubbin et al. (1988) believe that family ritual is a relatively reliable index of family integration that includes effective ways of coping with shared problems and the ability to handle major crises. Rituals can also promote the smooth operation of the family, contribute to reducing tension or conflict, encourage cooperation and family continuity, and serve as evidence of family pride. Through ritual, families develop methods of communicating how to do things, and, over time, if behaviors are practiced repeatedly, they become behaviors that are expected and so familiar that they become intuitive. Following this line of thought, a healthy family sees itself as an important link between the past and the future. Traditions and rituals are important to ensure the continuity of family life as well as evidence of uniqueness, identity, and a sense of belonging to the family (Council et al., 2014).

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Resilient Families: A Typology and Life Cycle Perspective - The Typology of Balanced Families

In an attempt to examine the value of the Circumplex Model in studies of families under stress, David Olson and his colleagues (Mc-Cubbin, 1986; McCubbin, 1988; Olson & McCubbin, 1982; Olson et al., 1983) highlighted the importance of family typology, which developed on the basis of family strengths, in explaining family adjustment and family adaptation. By taking two dimensions of family strength, in this case, the construction of family cohesion and family adaptability, and by using a single respondent (husband or wife) research strategy, this family researcher introduces three types of families: Balanced, Moderate, and Extreme. The former is considered the most viable family type, and the latter is the most dysfunctional (Council et al., 2014).

The Typology of Rhythmic Families

Based on this important research, we have developed and examined other family typologies in family adjustment and adaptation studies: rhythmic families and regenerative families. The Rhythmic Model of the family system type is achieved by assigning two levels (low and high) to the family dimensions of (a) family time and routines (that is, the degree to which the family unit maintains continuity and stability through certain routinely repeated family activities) and (b) value family time and routines (that is, the meaning and value that families attach to these routines).

By placing two dimensions in the position of property spaces (orthogonal) (Figure 1), four types of families are classified, namely: (a) Unpattern families continue their lives with little emphasis on family time or routines and place equal value on limited the importance of this routine; (b) Intentional family places little emphasis on actual family time practices and routines. They show a desire and assessment of family time and routines but a reluctance or inability to practice these expressions of togetherness with any degree of regularity; (c) Structured Families seem to continue their lives by investing heavily in regular activities designed to promote family time but with a reluctance to accept these behaviors and practices as desirable or even rewarding; (d) Rhythmic families encourage the development of predictable activities and routines within the family unit involving relatives and with additional emphasis on assessing these patterns in an effort to foster a shared rhythmic sense of purpose and meaning of family togetherness, regularity, and predictability.

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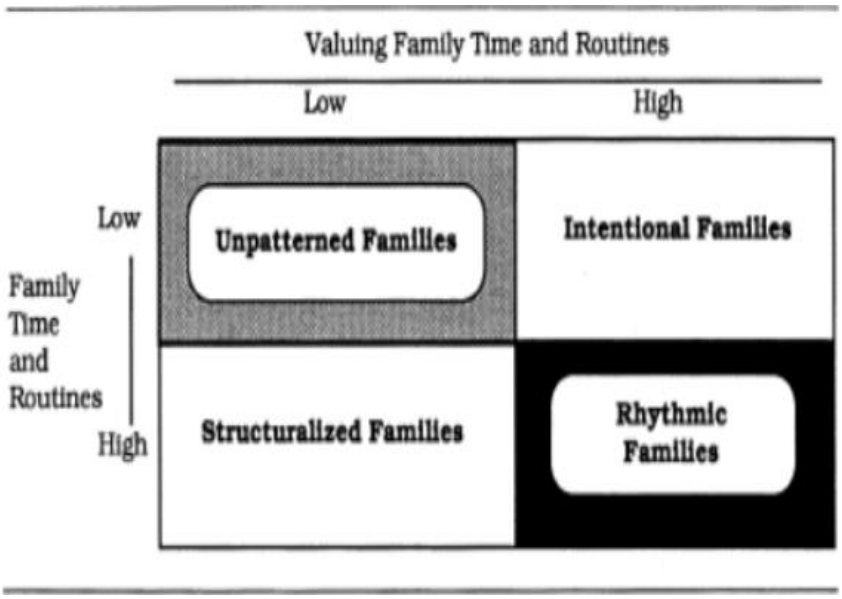

Figure 1. Rhytmic Family Type, source: (Council et al., 2014)

Studies of rhythmic families in relation to stages of the family life cycle reveal some observable differences. There is a gradual but clear increase in the number of Rhythmic Families through the Preschool and School-age stages, followed by a sharp decline in Rhythmic Families in the early years of families with adolescent children. This shift was complemented by a sharp increase in the number of Unpattern Families in the early stages of families with adolescent children of the family cycle. The basic importance of this type of family is expressed by the confirmation of three hypotheses (McCubbin, H. I., McCubbin, M. A., Thompson, A. I., & Thompson, 1998):

Typological Hypotheses 1. When Rhythmic Families are compared to Structured, Intentional, and unpattern Families, they also show greater strength in carrying out traditions and celebrations.

Typology of Hypothesis II. When Rhythmic Families were compared with Structured, Intentional, and unpattern Families, they showed significantly greater strength in the bonding and flexibility domains.

Typological Hypothesis III When Rhythmic Families are compared with Structured, Intentional, and unpattern Families, they show more positive family adaptation which is reflected in the areas of family satisfaction, marital satisfaction, child development satisfaction, and community satisfaction, as well as in overall family well-being.

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1. The Typology of Regenerative Families

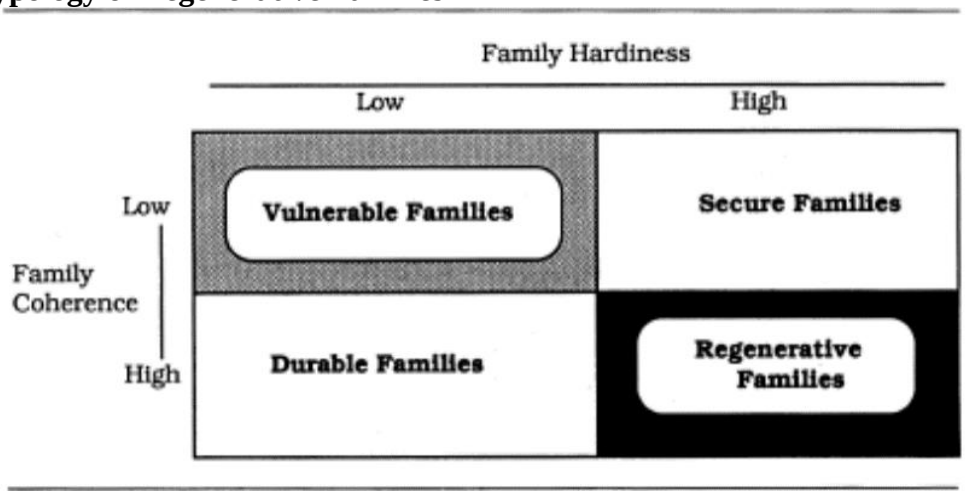

Figure 2. Regenerative Family Type, source: (Council et al., 2014)

The regenerative model of the family system type (McCubbin et al., 1997), is presented in Figure 2 above and is achieved by assigning two levels (low and high) to the family coherence dimension and to the family resilience dimension and placing them in the space-property position (orthogonal). The family coherence dimension (McCubbin, Larsen, & Olson, 1987) is defined as the fundamental coping strategy that families use in managing family problems. Family coherence is operationalized as the family's emphasis on acceptance, loyalty, pride, faith, trust, respect, care, and shared values in managing tension and tension.

The family dimension of resilience (resilience) (Lavee, Y., McCubbin, H. I., & Olson, 1987), which is defined as the family's internal strength and resilience, is characterized by a sense of internal control over life events and difficulties, a sense of meaning in life, involvement in activities, and commitment to learning and exploring new and challenging experiences. In building on the theoretical construction efforts of Reuben Hill (1949) and Wesley Burr (1973) and their advances in family stress theory, we have attempted to operationalize their Regenerative power constructs (i.e., the power that families possess to manage the effects of family stressors and strains, and to recovering from a family crisis). Having two levels in each dimension of the family system type Regenerative Model allows one to identify and describe four types of family units:

(a) Vulnerable families show that they handle family problems with anger, show a lack of respect for one another, blame members or others, and show a lack of caring and understanding, self-respect, loyalty, and acceptance of family difficulties. These families also exhibited a lower sense of purpose, a lower sense of meaning in life, and a sense of underappreciating. They have less control over what happens to them; are more self-satisfied, tend to do the same thing over and over again; and tend not to encourage other members to be active and learn new things

(b) Safe Families show that they deal with family problems by becoming angry and showing less respect, more blame, and less care and understanding. On the other hand, these families were safe because their main strength was their basic resilience. These families demonstrate that they have a purpose, are able to plan ahead, are rewarded for their efforts, and feel that life has meaning. They feel in control and have a feeling that they can influence both good and bad things that happen; they are not just victims of life events. These families are also active;

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they try new things and encourage others to be active. In general, families are safe, active, and in control, but when faced with adversity are also less supportive of each other, less caring and loyal, and less tolerant of adversity.

(c) Durable Families, like their vulnerable counterparts, exhibit a lower sense of purpose, a lower sense of meaning in life, and are less valued. They also feel less able to control what happens to them as a family. In contrast, these families have a positive appreciation of their ability to cope. They emphasize being less reactive and more caring as part of their coping repertoire. They underscore the importance of coherence through developing trust and respect and maintaining calm and emotional stability within the family unit. Durable families may have less basic internal strengths, but they seem to compensate for this deficiency by having a strong coping repertoire characterized by caring, respect, trust, tension reduction, and calm;

(d) Regenerative Families show that they overcome family problems by cultivating trust, respect, and maintaining emotional calm and stability. These families cope by having faith, accepting stressful life events, accepting adversity, and working together to solve problems. In addition, they feel secure in their goals, are able to plan ahead, are rewarded for their efforts, and feel that life is meaningful. These families feel in control and have a feeling that they can influence both good and bad things that happen; they are not victims of circumstances. In addition, the Regenerative Family is active; they try new things, and encourage others to be active in dealing with their problems and concerns. In general, Regenerative Families are in control, active, and when faced with adversity, more caring, loyal, and tolerant of adversity. Regenerative Family Studies in relation to stages of the family life cycle did not reveal any observable differences; the four family types are relatively evenly distributed across all stages of the family life cycle. Regenerative family type acquires importance and value in the conformation of three hypotheses (McCubbin, H. I., McCubbin, M. A., Thompson, A. I., & Thompson, 1998):

Typology Hypothesis 1: When Regenerative Families are compared with Durable, Safe, and Vulnerable Families, they show significantly greater strength in the domains of celebration, family time and routines, and assessment of family time and routines.

Typology Hypothesis II: When Regenerative Families are compared to Durable, Safe, and Vulnerable Families, they show greater strength in the bonding and flexibility domains.

Typological Hypothesis III: When Regenerative Families are compared with Durable, Safe, and Vulnerable Families, they show more positive family adaptation which is reflected in the areas of family satisfaction, marital satisfaction, child development satisfaction, family physical and emotional health, and community satisfaction as well as in overall family well-being. These observations and findings are instructive. On the one hand, they introduce target opportunities for intervention and emphasize the importance of variability and stability in different family strengths and family types across stages of the family life cycle.

These findings emphasize the need for tailored family life programs to meet the needs of families at each stage. On the other hand, since most of these findings are based on white middle-class families, the generalizability of the findings to families of different ethnicities and social classes remains untested and is the subject of considerable.

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The Resiliency Model of Family Stress, Adjustment, and Adaptation Model in Families Caring for the Elderly

The Family Stress Resilience, Adjustment, and Adaptation Model developed by (Hamilton I. MCCubbin; Elizabeth A. Thompson; Anne I. Thompson; Marilyn A. MCCubbin; Andrea J. Kaston, 1993) provides a framework for understanding family responses, adjustment, and ultimately, adaptation to stress over time. This framework is useful for understanding the demands and challenges older families experience and allows for multiple assessments and interventions to promote adaptation. The resilience model evolved from Hill's (1958) earlier formulation of family vulnerability to crisis events and the subsequent development of the multiple ABCX family stress and adaptation model developed by McCubbin and Patterson (1983). The model as described in figure 3 is adaptation-oriented, which is the central concept. Adaptation is the result of a family's efforts to bring a new level of balance, harmony, coherence, and function to a family crisis situation from time to time. The model includes a number of interacting components that influence the success or failure of family adjustment (Eliopoulos, 2018; Harmon Hanson, 2005; Kaakinen et al., 2018).

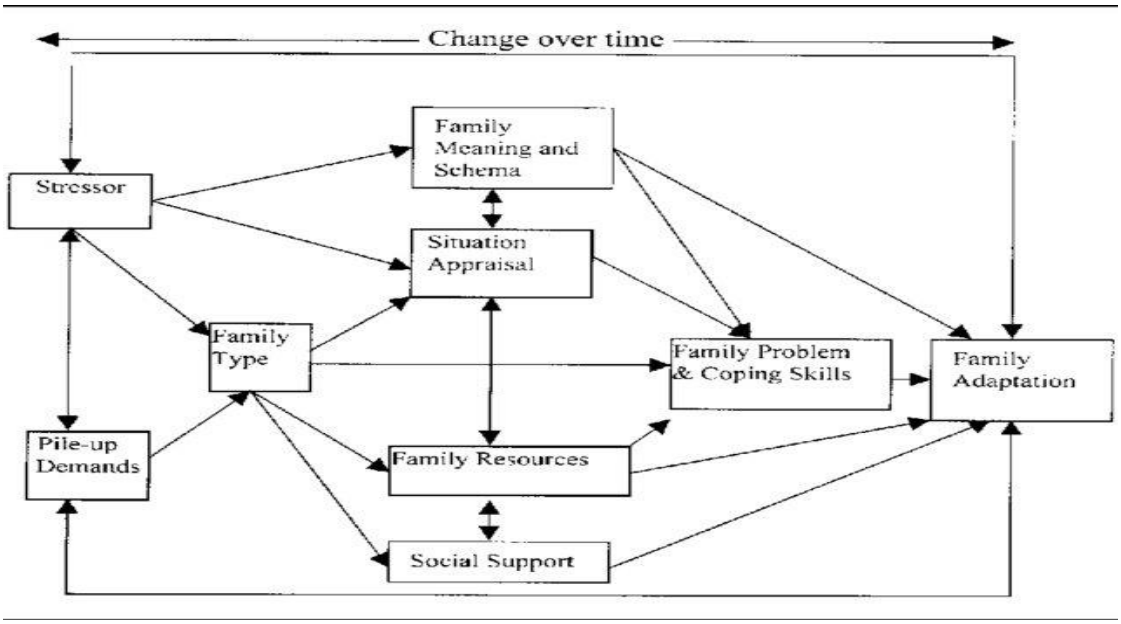

Figure 3. The Resiliency Model of Family Stress, Adjustment, and Adaptation, Source: McCubbin and McCubbin (1996)

The Concept of Stressors in Families and Their Severity

"A stressor is a demand placed on a family that results in or has the potential to produce, a change in the family system" (Hamilton I. MCCubbin; Elizabeth A. Thompson; Anne I. Thompson; Marilyn A. MCCubbin; Andrea J. Kaston, 1993). Events or demands can affect family life including health, roles and responsibilities, and boundaries. Severity is determined by the extent to which the stressor threatens the stability of the family. In many older families, a stressor event is the initiation, or recognition through diagnosis, of a decline in the health of the older member.

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Family Vulnerabilities: Piles and Life Cycle Changes

Vulnerability is the degree of vulnerability in interpersonal and family organizational settings. This is influenced by many normative changes in the family life cycle and by the accumulation or pile of demands from inside or outside the family. The model outlines six categories of stress and strain that contribute to the heap of demands on a family's efforts to adapt to stressors such as illness. 1. Illness and related difficulties over time, 2. Normative transitions within individual family members and the family as a whole 3. Prior family tensions accumulated over time 4. Situational demands and contextual difficulties 5. Consequences of the family attempt to cope 6. Intrafamilial and social ambiguity provides inadequate guidance on how families should act or manage effectively (McCubbin & McCubbin, 1993, p. 37) Specific demands may include economic stress due to poor health, high health care costs, need to relocate, death of a member, or adult children leaving or returning home**.**

Family Resources: Abilities and Strengths

Resources of resistance are the abilities and strengths that enable families to manage stressors and prevent major upheavals in their functioning. The following important family resources have been identified by McCubbin and McCubbin (1993): economic stability, cohesiveness, flexibility, resilience, shared spiritual beliefs, open communication, traditions, celebrations, routines, and organization. Resources outside the family are also important for adaptation. These include family social support networks of friends and neighbors, as well as community-based institutions such as daycare centers, rest programs, and self-help groups. Social support serves to protect and protect families from the effects of stress and promotes recovery from crises. Elders, especially elders who are very old, or those without families, may have limited social support networks because of poor health, limited mobility, limited finances, death of friends, and lack of transportation.

Family Assessment of Stressors

The assessment includes the family's perception and definition of the stressor and the difficulties that accompany it, as well as the family's perception of available resources and actions required to meet demands and regain family balance. If family members view a situation as hopeless or beyond their ability to manage, they may not be able to identify and use available resources or seek additional resources. Therefore, they will be at high risk for maladaptation. On the other hand, if they can accept the situation and see it as a challenge they can overcome, they are likely to engage in constructive efforts to manage the situation (Harmon Hanson, 2005; Kaakinen et al., 2018).

Family Problem Solving Models and How to Cope with Stress and Distress

The model includes consideration of problem-solving skills and coping strategies that families use to manage the demands created by stressors. The steps in the problem-solving process include (1) organizing stressors into manageable components, (2) identifying alternative management strategies, and (3) taking steps to resolve the problem. Coping includes family patterns and various efforts to maintain and strengthen families, obtain family and community resources, and pay attention to the welfare and developmental needs of family members. When there is a stressor that requires management or family change, it will cause tension in the family. If this tension is not resolved or at least brought within manageable limits, it becomes stress. Stress occurs when there

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is a perceived imbalance between the demands on the family and its resources and capabilities. If the balance is not restored, family distress can occur and stress can even threaten the stability and integrity of the family system. Together, the Family Life Cycle Model and the Family Stress Resilience, Adjustment, and Adaptation Model provide a comprehensive framework for assessing the strengths and areas of vulnerability of aging families in times of stress and change. This is an important aspect of helping families to adapt positively to their changing lives (Harmon Hanson, 2005; Kaakinen et al., 2018).

Fulfillment of Spiritual Needs

The spiritual needs of the elderly should not be ignored or minimized (Fahey, 2003; Reed, 1991). Religious affiliation and spiritual beliefs have an important place in the lives of many parents, influencing perspectives on suffering, loss, and death. True, some older people may experience a strong need to work through a troubled relationship, ask for forgiveness, and make amends. Seeking consultation from or making referrals to specialists in pastoral care can provide opportunities for spiritual and emotional healing and a more peaceful death (Fahey, 2003). In addition, churches, parishes, synagogues, and temples are great sources of formal and informal support for seniors (Dilworth-Andersen & Gibson, 1999 Harmon Hanson, (2005); Kaakinen et al., (2018)).

Religious Coping and its application to Strengthen Family Resilience

When experiencing stress due to the heavy burden of life, many people hold on to their religion as a source of coping. They find many solutions when they rely on religion to solve problems (Ellison & Ellison, 2006; Pargament et al., 2001). This contrasts with accusations that this method of religious coping is a defensive, passive, emotion-focused, or form of denial of the problem (Pargament and Park 1995). But on the contrary, as illustrated in Table 2 below, religious coping actually includes a variety of behaviors, emotions, cognitions, and relationships.

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Tabel 2. Illustrative Methods of Religious Coping, source: (Pargament et al., 2001)

ILLUSTRATIVE METHODS OF RELIGIOUS COPING	
Benevolent Religious Reappraisal:	Redefining the stressor through religion as benevolent and potentially beneficial
Punishing God Reappraisal:	Redefining the stressor as a punishment from God for the individual's sins
Demonic Reappraisal:	Redefining the stressor as the act of the Devil
Reappraisal of God's Powers:	Redefining God's powers to influence the stressful situation
Collaborative Religious Coping:	Seeking control through a partnership with God in problem solving
Deferring Religious Coping:	Passively waiting for God to control the situation
Self-Directing Religious Coping:	Seeking control through individual initiative rather than help from God
Pleading:	Pleading to God for a miracle or divine intercession
Seeking Spiritual Support:	Searching for comfort and reassurance through God's love and care
Religious Purification:	Searching for spiritual cleansing through religious actions
Spiritual Connection:	Seeking a sense of connectedness with transcendent forces
Spiritual Discontent:	Expressions of confusion and dissatisfaction with God
Seeking Support from Clergy or Members:	Searching for comfort and reassurance through the love and care of congregation members and clergy
Religious Helping:	Attempting to provide spiritual support and comfort to others
Interpersonal Religious Discontent:	Expressions of confusion and dissatisfaction with clergy or members
Religious Forgiving:	Looking to religion for help in letting go of anger, hurt, and fear associated with an offense

Religious coping is very useful for mentally strengthening so that a person can continue his life well even though he has to face traumatic situations (Alsubaie et al., 2021). In other studies, there is also evidence that positive religious coping can be a protective factor against the development of suicidal ideation, depressive symptoms, and hopelessness when a person is faced with a major problem (De Berardis et al., 2020). It has been widely acknowledged that in general it is proven that people who are religious or have spirituality are considered healthier both physically and spiritually (Ellison & Ellison, 2006). From several previous studies it has been proven that religiosity and spirituality are known as coping strategies for physical and mental illness, especially in dealing with crises (Alsubaie et al., 2021; George-Edwards, 2019; Jafari N, Farajzadegan Z, Loghmani A, Majlesi M, 2014; Klop et al., 2020). When religious beliefs, attitudes, or practices are used to reduce emotional stress caused by life events that are beyond personal control, there is spiritual-religious coping, which gives meaning to suffering, making it more bearable.

Positive religious coping has been associated with decreased depression and anxiety, as well as with increased psychological well-being (Pirutinsky et al., 2020), and patients with high intrinsic religiosity had more depression and decreased depression and negative religious coping was associated with negative psychological adjustment to stress (Gene G. Ano, 2005). Spirituality is also associated with having a positive effect on adjusting to disability. In a recent cross-sectional study in the Brazilian general population, high spiritual-religious coping during the outbreak was

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associated with higher levels of hope and lower levels of fear, worry, and sadness (Lucchetti et al., 2021). In the US, healthcare providers who attend religious services at least once a week have a lower risk of dying from despair, compared to those who never attend. Some authors consider that stress due to disease outbreaks may be an ideal scenario to trigger spiritual-religious coping in society (Bentzen, 2021; Prazeres et al., 2020).

Family coping strategies with religious and spiritual approaches in an effort to survive and adapt to family circumstances are receiving a heavy burden and in the long term, it is important to identify. Religious coping behaviors such as praying to deal with pressure or stressful situations. Religious coping behavior can help family members to manage feelings of distress and anxiety, then lead them to overcome guilt, and submit fully to God's will. Religious coping will increase a sense of optimism and hope so that families become more adaptable to situations that are felt to be difficult (Hayajneh & Bani-Iss, 2021).

Spirituality can give meaning to life and increase faith. Spiritualists can provide support and guidance in complex situations. The existence of interactions between psycho, social, and spiritual can improve the family's coping ability in dealing with difficult situations such as when they have to carry out their role as caregivers for the elderly (Vigna et al., 2020). Spirituality and religion affect health in several ways including regulation of lifestyle and health behavior, access to social resources such as social relationships and social support, promotion of positive self-perception, methods of coping resources (from stress, grief), and belief in health promotion (Suzanne M. Grieb, Erin Donovan, Jordan J. White, 2020). Spiritual health often includes six aspects: an individual's relationship with himself, with others, and with the environment; his beliefs; the ability to overcome difficulties; and the meaning of life. Spiritual health is one of the core elements of quality of life (Hu et al., 2019).

Previous research has also proven that religious coping has a significant relationship with religious well-being. Because someone with positive religious coping will have good religious well-being which is characterized by the ability to interpret life well because of the feeling of having a great source so that when faced with stress or major problems, including when feeling the burden of caring for the elderly, there will always be hope for supported by God, and these are ways that religious people commonly used to reduce stress (Parent et al., 2021; Pargament et al., 2001; Pegues, 2020). Religious coping and religious well-being are needed to strengthen family resilience in dealing with stress due to accepting the burden of caring for family members with chronic diseases (Klop et al., 2020; Manzini & Vale, 2016). Several other studies have also proven the influence of religious coping in providing reinforcement to families when they accept the burden of caring for elderly family members who have chronic diseases, as research by Gibbs et al., (2020) that Spirituality and resilience following stroke are essential factors in caregiver adjustment (Gibbs et al., 2020). An experiment in the form of giving an intervention module was developed based on Pargament, Smith, Koenig, and Perez (1998) and modified using Islamic coping strategies based on the positive religious coping concept. The results showed that participants in the intervention group reported a significant increase in resilience than those in the control group. Participants also reported positive changes in their perceptions of their role as family caregivers (Saputro et al., 2021). Next, Religious coping was associated with a more objective caregiving burden, greater care recipient's need for less mental health knowledge, and less receipt of mental health services after adjusting for non-religious types of coping. At the same time, religious coping was associated with a positive caregiving experience and greater religious support. Religious coping plays an important role for many caregivers of persons with serious

mental illness. Caregivers who use more religious coping may have an especially high need for mental health education and mental health services (Michelle J. Pearce, Deborah Medoff, Ryan E. Lawrence, 2017). Based on above explanation, it can be concluded that positive religious coping will strengthen family resilience, especially in carrying out the role of caring for the elderly.

Conclusion

The family still plays a key role in taking on the responsibility of maintaining the quality of life of the elderly through health care. In practice, the family impact, both subjective and objective, has the potential to be a source of a great stressor for families who are unable to adapt to the burden of care. It is important for families to be able to adjust to the situation and coordinate with all family members regarding the burden of care so that family resilience is maintained. Religious coping is very useful for mentally strengthening so that a person can continue his life well even though he has to face serious problems. There are evidences that positive religious coping can be a protective factor for families. So it can be concluded that religious coping will facilitate and assist families in dealing with pressure from difficult situations when families have to accept the burden of nurturing and caring for the elderly, especially those who are suffering from chronic diseases so that it will increase family resilience.

References

Alsubaie, M. K., Dolezal, M., Sheikh, I. S., Rosencrans, P., Walker, R. S., Zoellner, L. A., & Bentley, J. (2021). Religious coping, perceived discrimination, and posttraumatic growth in an international sample of forcibly displaced Muslims. *Mental Health, Religion and Culture*, *24*(9), 976–992. https://doi.org/10.1080/13674676.2021.1973978

Bentzen, J. S. (2021). In crisis, we pray: Religiosity and the COVID-19 pandemic. *Journal of Economic Behavior and Organization*, *192*, 541–583. https://doi.org/10.1016/j.jebo.2021.10.014

Bongaarts, J., & Zimmer, Z. (2002). Living arrangements of older adults in the developing world: An analysis of demographic and health survey household surveys. *Journals of Gerontology - Series B Psychological Sciences and Social Sciences*, *57*(3), 145–157. https://doi.org/10.1093/geronb/57.3.S145

Council, N., Relations, F., Council, N., Relations, F., & Relations, F. (2014). *Resilient Families : 37*(3), 247–254.

Couto, A. M. do, Caldas, C. P., & Castro, E. A. B. de. (2018). Family caregiver of older adults and Cultural Care in Nursing care. *Revista Brasileira de Enfermagem*, *71*(3), 959–966. https://doi.org/10.1590/0034-7167-2017-0105

De Berardis, D., Olivieri, L., Rapini, G., Serroni, N., Fornaro, M., Valchera, A., Carano, A., Vellante, F., Bustini, M., Serafini, G., Pompili, M., Ventriglio, A., Perna, G., Fraticelli, S., Martinotti, G., & Di Giannantonio, M. (2020). Religious coping, hopelessness, and suicide ideation in subjects with first-episode major depression: An exploratory study in the real world clinical practice. *Brain Sciences*, *10*(12), 1–12. https://doi.org/10.3390/brainsci10120912

Eliopoulos, C. (2018). Gerontological nursing. In *Journal of Nursing Administration* (9th ed., Vol. 1, Issue 5). Wolters Kluwer. https://doi.org/10.1097/00005110-197109000-00006

Ellison, L. L., & Ellison, L. (2006). *The Spiritual Well-Being Scale*. *44*.

European Commission. (2021). *The 2021 Ageing Report* (Vol. 8014, Issue November 2020). https://doi.org/10.2765/733565

Gene G. Ano, E. B. V. (2005). Religious coping and psychological adjustment to stress: a meta-analysis. *Clinical Psychology*, *61*(4). https://doi.org/https://doi.org/10.1002/jclp.20049

George-Edwards, L. L. (2019). *The Relationships among Spirituality , Religious Coping , and Resilience in Northern Appalachian Displaced Workers Submitted by Lucinda Lea George-Edwards A Dissertation Presented in Partial Fulfillment of the Requirements for the Degree Doctorate of Phil*.

Gibbs, L. A. L., Anderson, M. I., Simpson, G. K., & Jones, K. F. (2020). Spirituality and resilience among family caregivers of survivors of stroke: A scoping review. *NeuroRehabilitation*, *46*(1), 41–52. https://doi.org/10.3233/NRE-192946

Hamilton I. MCCubbin; Elizabeth A. Thompson; Anne I. Thompson; Marilyn A. MCCubbin; Andrea J. Kaston. (1993). Culture, Ethnicity, and the Family: Critical Factors in Childhood Chronic Illnesses and Disabilities. *Pediatrics*, *91*(5), 1063–1070. https://doi.org/https://doi.org/10.1542/peds.91.5.1063

Harmon Hanson, S. M. (2005). Theoretical Foundation For The Nursing of Familues. In *Family Health Care Nursing*.

Hayajneh, M. R. · A. A., & Bani-Iss, · Wegdan. (2021). Association of Death Anxiety with Spiritual Well-Being.pdf. *Journal of Religion and Health*, *60*, 50–63. https://link.springer.com/content/pdf/10.1007/s10943-020-01129-x.pdf

Hu, Y., Jiao, M., & Li, F. (2019). Effectiveness of spiritual care training to enhance spiritual health and spiritual care competency among oncology nurses. *BMC Palliative Care*, *18*(1), 1–8. https://doi.org/10.1186/s12904-019-0489-3

Jafari N, Farajzadegan Z, Loghmani A, Majlesi M, J. N. (2014). Spiritual Well-Being and Quality of Life of Iranian Adults with Type 2 Diabetes. *Evid Based Complement Alternat Med*. https://doi.org/10.1155/2014/619028

Kaakinen, J., Coelo rowe, Coehlo, P., Steele, R., & Robinson, M. (2018). *Family Heakth Care Nursing (Sixth Edtion)*. www.FADavis.com

Klein, O. A., Boekholt, M., Afrin, D., Dornquast, C., Dreier-Wolfgramm, A., Keller, A., Michalowsky, B., Zwingmann, I., Teipel, S., Thyrian, J. R., Kilimann, I., & Hoffmann, W. (2021). Effectiveness of a digitally supported care management programme to reduce unmet needs of family caregivers of people with dementia: study protocol for a cluster randomised controlled trial (GAIN). *Trials*, *22*(1), 1–11. https://doi.org/10.1186/s13063-021-05290-w

Klop, H. T., Koper, I., Schweitzer, B. P. M., Jongen, E., & Onwuteaka-Philipsen, B. D. (2020). Strengthening the spiritual domain in palliative care through a listening consultation service by spiritual caregivers in Dutch PaTz-groups: An evaluation study. *BMC Palliative Care*,

19(1), 1–10. https://doi.org/10.1186/s12904-020-00595-0

Lavee, Y., McCubbin, H. I., & Olson, D. H. (1987). The Effect of Stressful Life Events and Transitions on Family Functioning and Well-Being. *Journal of Marriage and Family*, *49*(4), 857–873. https://doi.org/https://doi.org/10.2307/351979

Le Low, L. P., Lam, L. W., & Fan, K. P. (2017). Decision-making experiences of family members of older adults with moderate dementia towards community and residential care home services: a grounded theory study protocol. *BMC Geriatrics*, *17*(1), 1–5. https://doi.org/10.1186/s12877-017-0510-8

Lucchetti, G., Góes, L. G., Amaral, S. G., Ganadjian, G. T., Andrade, I., Almeida, P. O. de A., do Carmo, V. M., & Manso, M. E. G. (2021). Spirituality, religiosity and the mental health consequences of social isolation during Covid-19 pandemic. *International Journal of Social Psychiatry*, *67*(6), 672–679. https://doi.org/10.1177/0020764020970996

Manzini, C. S. S., & Vale, F. A. C. (2016). Resilience of family caregivers of elderly with Alzheimer. *Revista Eletrônica de Enfermagem*, *18*(2), e1190.

Masten, A. S. (2018). Resilience Theory and Research on Children and Families: Past, Present, and Promise. *Journal of Family Theory and Review*, *10*(1), 12–31. https://doi.org/10.1111/jftr.12255

McCubbin, H. I., McCubbin, M. A., Thompson, A. I., & Thompson, E. A. (1998). Resiliency in ethnic families: A conceptual model for predicting family adjustment and adaptation. *Resiliency in Native American and Immigrant Families*, 3–43.

McCubbin, H. I., McCubbin, M. A., Thompson, A. I., Han, S. Y., & Allen, C. T. (1997). Families under stress: What makes them resilient. *Journal of Family and Consumer Sciences*, *89*(3), 2. http://0-proquest.umi.com.library.ecu.edu.au/pqdweb?did=21728028&Fmt=7&clientId=7582&RQT=309&VName=PQD

Michelle J. Pearce, Deborah Medoff, Ryan E. Lawrence, and L. D. (2017). Religious Coping Among Adults Caring for Family Members with Serious Mental Illness. *Community Ment Health*, *52*(2), 194–202. https://doi.org/10.1007/s10597-015-9875-3.Religious

Nguyen, T. (2019). Vietnamese Family Caregivers' Adjustment Process to Their Caregiving Roles for Family Members with Dementia. *ProQuest Dissertations and Theses*, 225. https://www.proquest.com/dissertations-theses/vietnamese-family-caregivers-adjustment-process/docview/2276902012/se-2?accountid=15198%0Ahttp://www.yidu.edu.cn/educhina/educhina.do?artifact=&svalue=Vietnamese+Family+Caregivers'+Adjustment+Process+to+Their+

Parent, N., Freier, L. F., & Dawson, W. (2021). Lost at sea, saved by Allah: religious coping on a migrant journey from Cape Verde to Brazil. *Mental Health, Religion and Culture*, *24*(7), 659–669. https://doi.org/10.1080/13674676.2021.1919069

Pargament, K. I., Tarakeshwar, N., Ellison, C. G., & Wulff, K. M. (2001). Religious coping among the religious: The relationships between religious coping and well-being in a national sample of Presbyterian clergy, elders, and members. *Journal for the Scientific*

Study of Religion, *40*(3), 497–513. https://doi.org/10.1111/0021-8294.00073

PBB. (2020). World Population Ageing. In *Economic and Social Affairs United Nations*. http://link.springer.com/chapter/10.1007/978-94-007-5204-7_6

Pegues, D. . (2020). IMPACT OF SPIRITUALITY ON OCCUPATIONAL SUCCESS OF INDIVIDUALS WITH SPINAL CORD INJURY. *IMPACT OF SPIRITUALITY ON OCCUPATIONAL SUCCESS OF INDIVIDUALS WITH SPINAL CORD INJURY*, *25*(1), 1–9. http://dx.doi.org/10.1016/j.jss.2014.12.010%0Ahttp://dx.doi.org/10.1016/j.sbspro.2013.03.034%0Ahttps://www.iiste.org/Journals/index.php/JPID/article/viewFile/19288/19711%0Ahttp://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.678.6911&rep=rep1&type=pdf

Pirutinsky, S., Cherniak, A. D., & Rosmarin, D. H. (2020). COVID-19, Mental Health, and Religious Coping Among American Orthodox Jews. *Journal of Religion and Health*, *59*(5), 2288–2301. https://doi.org/10.1007/s10943-020-01070-z

Polish, T. (2015). *Ł ukasz Krzy ż owski SOCIAL REMITTANCES AND MODIFICATIONS OF POLISH INTERGENERATIONAL CARE CULTURES . POLISH MIGRANTS IN AUSTRIA AND ICELAND*. *2*(217).

Prabasari, N. A., Juwita, L., & Maryuti, I. A. (2017). Jurnal Ners LENTERA, Vol. 5, No. 1, Maret 2017 Pengalaman Keluarga Dalam Merawat Lansia di Rumah (STUDI FENOMENOLOGI). *Jurnal Ners Lentera*, *5*(1), 56–68.

Prazeres, F., Passos, L., Simões, J., Simões, P., Martins, C., & Teixeira, A. (2020). Covid-19-related fear and anxiety: Spiritual-religious coping in healthcare workers in portugal. International Journal of Environmental Research and Public Health [revista en Internet] 2021 [acceso 5 de mayo de 2021]; 18(1): 1-11. *International Journal of Environmental Research and Public Health*, *18*(220), 1–11. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7794895/pdf/ijerph-18-00220.pdf

Raj, M., Platt, J. E., Anthony, D., Fitzgerald, J. T., & Lee, S. Y. D. (2021). What Does "Patient-Centered" Mean? Qualitative Perspectives from Older Adults and Family Caregivers. *Gerontology and Geriatric Medicine*, *7*. https://doi.org/10.1177/23337214211017608

Riasmini, NM; Sahar, J; Resnayati, Y. (2013). Pengalaman keluarga dalam penanganan lanjut usia di masyarakat dari aspek budaya indonesia. *Jurnal Berkala Epidemiologi*, *4*(2), 213–224.

Saputro, I., Nashori, F., & Sulistyarini, I. (2021). *Promoting Resilience among Family Caregiver of Cancer through Islamic Religious Coping*. *6*(2), 55–66.

Suzanne M. Grieb, Erin Donovan, Jordan J. White, D. M. & D. T. D. I. (2020). Increasing Opportunities for Spiritual and Religious Supports to Improve HIV-Related Outcomes for Black Sexual Minority Men. *Journal of Urban Health*, *97*, 704–714. https://doi.org/https://doi.org/10.1007/s11524-020-00461-7

Termglinchan, V., Daswani, S., Duangtaweesub, P., Assavapokee, T., Milstein, A., & Schulman, K. (2022). Identifying solutions to meet unmet needs of family caregivers using human-centered design. *BMC Geriatrics*, *22*(1), 1–10. https://doi.org/10.1186/s12877-022-02790-5

Toledano-Toledano, F., Moral De La Rubia, J., Broche-Pérez, Y., Domínguez-Guedea, M. T., & Granados-García, V. (2019). The measurement scale of resilience among family caregivers of children with cancer: A psychometric evaluation. *BMC Public Health*, *19*(1), 1–14. https://doi.org/10.1186/s12889-019-7512-8

UN DESA Population Division. (2020). World Population Ageing 2020 Highlights - Ten key messages. *United Nations*, *October 2020*, 1–2.

United Nations Development Programme. (2020). Putting the UN Framework for Socio-Economic Response to COVID-19 into Action: Insights. *Brief 2*, *June*, 19. https://www.undp.org/content/undp/en/home/coronavirus/socio-economic-impact-of-covid-19.html

Vigna, P. M., De Castro, I., & Fumis, R. R. L. (2020). Spirituality alleviates the burden on family members caring for patients receiving palliative care exclusively. *BMC Palliative Care*, *19*(1), 1–8. https://doi.org/10.1186/s12904-020-00585-2

Yang, B., Feldman, M. W., & Li, S. (2021). The Status of Family Resilience: Effects of Sustainable Livelihoods in Rural China. *Social Indicators Research*, *153*(3), 1041–1064. https://doi.org/10.1007/s11205-020-02518-1