Findings and Discussion

explored the extent to which the perceived value of religious coping predicted both positive and negative caregiving outcomes. Religious coping included participation in religious services and activities, and the practice of prayer/meditation. Caregiving outcomes included perceived personal gains in caregiving and subjective burden. Measures of religious coping were hypothesized to be positively associated with positive gains, and negatively associated with subjective burden.

Hypothesis 1: Participating in religious activities was moderately predictive of both lower levels of subjective burden, but was not predictive of perceived personal gains derived from caregiving.

Hypothesis 2: Use of prayer or meditation was slightly predictive of perceived personal gains derived from caregiving, but was not predictive of subjective burden.

The focus of prayer or meditation may be to seek inner strength and support from a higher power or spirit. The use of religion and/or spirituality as a means of coping with stress has been shown to have numerous benefits, including lowered psychological distress, faster illness recovery, and improved mental and physical health outcomes. The role of religious coping in caregiving is supported by the findings of Pearlin et al. (1990) and Barber and Vega (2004). The concept of religious coping has been revised based on their work in the caregiving literature.

Religious Coping and Caregiving

Several studies have documented the benefits of religious coping in individuals facing stressors such as caregiving. Religious coping has been shown to provide a sense of control over applicable stressors, to enhance cognitive restructuring via the individual's belief system, and to provide social support via their chosen religious community. Religious coping may also allow individuals to view or reframe caregiving in a broader and more positive context.

The focus of prayer or meditation may be such that it cultivates inner strength and competence in caregiving. Use of prayer/meditation was predictive of perceived personal gains, whereas participating in religious services and activities was predictive of lower levels of subjective burden.

Religious Coping: An Aspect of Help and Conflict in Caregiving

Religious Coping was strongly associated with perceived personal gains from caregiving, with an adjusted R-squared value of 0.49. The model is illustrated in Figure 1, and depicts caregiving outcomes (both positive and negative) as being a product of their domains of variables associated with the concept of caregiving, cultural factors, primary stressors, secondary stressors, and mediating factors.

Caregivers who attend religious services and activities may feel less isolated. Those who attend religious services and activities may also feel a greater sense of control over applicable stressors. Prayer/meditation may allow individuals to view or reframe caregiving in a broader and more positive context.

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