Perceived Social Support, Hardiness and Emotional Well-Being among Patients' Caregivers in Selected Tertiary Health Institutions in Makurdi, Nigeria

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Abstract

This study examined perceived social support, hardiness and emotional well-being among patients' caregivers in selected tertiary health institutions in Makurdi, Nigeria. The study adopted cross-sectional survey design using 384 patients' caregivers currently supporting patients at the Federal Medical Centre Makurdi and Benue State University Teaching Hospital Makurdi. They were sampled using Accidental sampling technique. They comprised of 74 (19.3%) males and 310 (80.7%) females. Their ages ranged from 21-54years with a mean age of 31.02 years (SD=12.901). Data were collected using the multidimensional scale of perceived social support, hardiness scale and emotional well-being scale. Multiple linear regression, Hayes process mediation analysis, and Standard multiple regression were used for statistical analyses. The results indicated that, there was a significant influence of hardiness on emotional wellbeing among patients' caregivers. In terms of the dimensions, the result indicated that Challenge, Control, and Commitment made significant positive contributions to emotional wellbeing. The result also indicated that, there was a significant influence of perceived social support on emotional wellbeing among patients' caregivers. As for the dimensions, significant others, family support and friends support made significant positive contributions to emotional wellbeing. The result also indicated that perceived social support significantly mediated the influence of hardiness on emotional wellbeing among patients' caregivers. The result also indicated that there was a significant joint influence of hardiness and perceived social support on emotional wellbeing among patients' caregivers. It was recommended that there is need for all patient-caregivers in tertiary health institutions in Benue State to be given training on hardiness skills by psychologists as they initiate support services to their patients at the hospitals. This can be feasible with the support of clinical psychologists across the studied hospitals.

Keywords: Perceived Social Support, Hardiness, Emotional Wellbeing, Caregivers.

Introduction

Emotional well-being is an under-examined concept among caregivers globally. It is an aspect of the overall mental health that focuses on the emotional health and stability of caregivers. Emotional well-being is an indispensable state required for the optimal functioning of caregivers. Normally, caregiving is associated with growth and positive emotional well-being (Jones et al., 2021). Although caregivers endure considerable challenges, positive outcomes for caregivers, such as feeling rewarded and satisfied, have also been observed. The process of caregiving which involves the provision of care and assistance to family, friends, or others with physical or mental illnesses, disabilities, or age-related needs is self-fulfilling and plays an essential role in national healthcare systems (Anhange et al., 2016). In many countries including Nigeria, caregiving constitutes a substantial portion of the total care provided, with estimates suggesting that caregivers contribute to as much as 80% of all long-term care services (Sinclair & Wallston, 2024).

The poor emotional well-being experienced by caregivers have been associated with an increased risk of institutionalization of patients. Meta-analysis has shown that caregivers report more distress, depression, and had lower levels of emotional well-being compared to non-caregivers (Kimberly et al., 2020). Approximately 33% - 50% of caregivers have been estimated to experience significant emotional distress, and they are more inclined to experience mental health problems such as depression, anxiety and substance use disorders more often than the general population (Torge, 2020). The level of emotional strain associated with caregiving varies with individuals, the illness, patient, available support and resources and the environment holding the patient, and this can be influenced by the level of care required, the physical or cognitive impairment experienced by the patient and the duration required for caregiving. Apparently, there is need to identify the predicting and enhancing factors of emotional well-being among caregivers, with the aim of promoting these factors to improve the ever-neglected welfare of caregivers especially those supporting patients in public hospitals in Benue State.

One variable implicated in predicting emotional well-being is hardiness. Hardiness is a personality trait that describes people with the skills to resist the impact of stressors exerted on them (Bartone et al., 2022). Among caregivers, hardiness may imply the ability to be firm in the midst of caregiving demands and pressures. It entails the ability to be committed to supporting patients, seeing challenges in caregiving as opportunities for patient recovery and developing internal locus of control in the support process (Alshammari et al., 2021). It is thus likely that caregivers with high levels of hardiness may be more likely to experience positive emotional well-being. Many studies have pointed out the predictive role of hardiness on emotional well-being (Keye & Pidgeon, 2024). However, the role of hardiness directly on emotional well-being is unclear.

One variable implicated in strengthening the relationship between hardiness and emotional well-being is social support. Social support refers to actual or perceived assistance received from family, friends and significant others which may be emotional, informational, instrumental or financial in nature (Wei et al., 2021). Social support may be a protective factor for caregivers but it depends on the type, quality, timing, and duration of the support (Acoba,

2024). Social support may involve emotional, tangible, and informational support aspects and can be provided both informally, by family, friends, neighbours, and social groups, or formally by professionals and agencies. It has been asserted that it is the quality rather than quantity of social support that is most important (Afita & Nuranasmita, 2023). Additionally, a lack of positive social support could result in negative psychological conditions, like depression and anxiety. Thus, social support appears critical to enhancing a person's overall well-being. However, researchers are yet to delineate the mediating role of social support between hardiness and emotional well-being. Against this background, this study examined perceived social support, hardiness and emotional well-being among patients' caregivers in selected tertiary health institutions in Makurdi.

Hardiness and Emotional Well-being

Chukwuemeka and Obioha (2024) investigated the unique contributions of resilience and burden of care on the mental health of informal caregivers of children with developmental disabilities ($N = 228$, 165 females, 63 males, mean age $= 27.85$, $SD = 10.02$) aged between 16 to 67 years old. The results indicated that burden of care was negatively associated with mental health, while resilience was positively associated with mental health. The result further indicated that resilience did not significantly moderate the association between the burden of care and mental health. However, the study assessed resilience rather than hardiness.

Nnubia et al. (2024) examined the association of hardiness with depression, anxiety, and stress symptoms among undergraduate students using a cross-section of 717 students from two public universities in Enugu state, Nigeria. Using ANOVA and linear regression, findings indicated that hardiness negatively predicted depression and anxiety but not stress. A high prevalence of depression (40.07%), anxiety (69%), and stress (33.1%) symptoms were observed.

Liu et al. (2024) examined hardiness personality and mental health of financially-struggling medical students in private universities in China: the intervening roles of coping styles and gender. Results indicated that hardiness personality significantly and positively affected the financially-struggling medical student's mental health level. Positive coping style had a significant positive impact on hardiness personality and mental health level, while negative coping style had a significant negative effect on mental health level. Positive coping and negative coping were the mediators between financially-struggling medical students' hardy personalities and mental health levels. The study added some knowledge about the effects of hardiness personality on individual mental health.

Perceived Social Support and Emotional Well-being

Acoba (2024) explored whether perceived stress mediated the relationship between social support and positive affect, anxiety, and depression. Consistent with the hypotheses, perceived stress significantly mediated the relationship between family and significant others support with positive affect, anxiety, and depression. Family and significant others support decreased perceived stress, increasing positive affect, and decreasing anxiety and depression. On the other hand, perceived stress did not mediate the relationship between friend support and

positive affect, anxiety, and depression. This study shares similarities with the present study but differs in that, the reviewed study was caried out in Philippines amidst the COVID-19 context. This leaves implementers with little data on the interplay among these variables in Benue State so that interventions can be made. Thus, the need for the present study.

Hidalgo-Fuentes et al. (2024) analyzed the association among emotional well-being, perceived social support, life satisfaction and perceived happiness. The results showed that both emotional well-being and social support are related to and predictive of subjective happiness and life satisfaction. Also, social support was highly correlated with emotional well-being. This study shares similar limitations as the previously reviewed studies. The study was carried out among students rather than caregivers in Hospital settings.

Sukumaran and Amat (2024) identified the relationship between psychological well-being and social support among form five students in rural areas. The findings showed that the level of psychological well-being and social support among form five students in the rural areas are at moderate level. Pearson correlation analysis showed that social support had a significant relationship with psychological well-being among form five students in rural areas.

Perceived Social Support between Hardiness and Emotional Well-being

Hidalgo-Fuentes et al. (2024) analyzed the association among emotional well-being, perceived social support, hardiness and perceived happiness. The results showed that both emotional well-being and social support are predictive of subjective happiness and hardiness. The result also revealed that social support enhanced the connection between hardiness and emotional well-being. This study was relevant in testing social support as a mediator but the sample of students adopted differed from the caregivers used for the present study.

Chang et al. (2023) examined how social support enhances the mediating effect of psychological resilience on the relationship between hardiness and depressive symptom severity. A negative association was found between depressive symptom severity and all other variables, including PoM and CD-RISC scores, hardiness and social support. In addition, indirect effects of PoM and resilience on the negative association between SwLS scores and depressive symptom severity were observed. Moreover, social support was found to mediate the correlation between PoM and resilience, implying that social support mediates the relationship between state of mind and resilience, and hardiness and depressive symptoms. This study was however, not carried out in Benue State nor among caregivers.

Azpiazu et al. (2023) examined how does social support and emotional intelligence enhance hardiness and well-being among adolescents: a mediational analysis study. The data showed that trait emotional intelligence significantly mediated the effect of the social support network on hardiness, highlighting the greater contribution of family support, emotional clarity, and emotional repair as enabling factors of adolescent well-being. Also, social support significantly mediated the nexus between hardiness and well-being. Lastly, all the variables

significantly predicted well-being. The major differences between the reviewed and the present study are the use of different samples and settings.

Kong et al. (2022) examined the role of social support and emotional intelligence (EI) in mental distress and hardiness in a sample of Chinese young adults. Path analysis showed that social support partially mediated the relationship between emotional intelligence and hardiness as well as that between emotional intelligence and mental distress. Also, social support mediated the link between hardiness and mental distress. Furthermore, a multi-group analysis found that males with high emotional intelligence are more likely to gain greater social support from others than their female counterparts.

Hardiness, Perceived Social Support and Emotional Well-being

Hidalgo-Fuentes et al. (2024) analyzed the association among emotional well-being, perceived social support, hardiness and perceived happiness. The results showed that both emotional well-being and social support are related to and predictive of subjective happiness and hardiness. The result also revealed that social support, hardiness and happiness jointly influenced emotional well-being. However, the study was carried out among students rather than caregivers in tertiary health institutions.

Anjum (2022) explored the role of hardiness and social support in predicting psychological well-being among university students. The result shows that social support and hardiness have a significant and positive correlation with all the dimensions of psychological well-being. Moreover, social support and hardiness were significant joint predictors of psychological well-being. This study however, failed to include life satisfaction in the joint influence model tested in the study. More so, the dependent variable assessed was psychological well-being rather than emotional well-being.

Azadi et al. (2020) examined the relationship between psychological well-being and psychological hardiness with the mediating role of social support in women with breast cancer. The correlation between variables of psychological well-being and psychological hardiness with social support was significant. Fit indices indicated an appropriate fit for the proposed model. There was also a significant relationship between psychological hardiness and psychological well-being through social support. The result also indicated that hardiness and social support had a significant joint influence on psychological well-being among women.

Hypotheses

i.   Hardiness will significantly influence emotional well-being among patients' caregivers in selected tertiary health institutions in Makurdi, Nigeria.

ii.   Perceived social support will significantly influence emotional well-being among patients' caregivers in tertiary health institutions in Makurdi, Nigeria.

iii.   Perceived social support will significantly mediate between hardiness and emotional well-being among patients' caregivers in selected tertiary health institutions in Makurdi, Nigeria.

iv.   Hardiness and perceived social support will jointly influence emotional well-being among patients' caregivers in selected tertiary health institutions in Makurdi, Nigeria.

Design

The study adopted cross-sectional survey design to examine perceived social support, hardiness and emotional well-being among patients' caregivers in selected tertiary health institutions in Makurdi. This design was deemed fit because it availed the room for the views and opinions of caregivers to be collected at one point, analyzed and inferences drawn. The independent variable was hardiness, the mediating variable was social support while the dependent variable was emotional well-being.

Population

The current total number of patient-caregivers in Federal Medical Centre Makurdi and Benue State University Teaching Hospital Makurdi is not known. This is because health institutions do not keep records of caregivers and also, the population changes with new admission and discharges on daily basis. This makes it difficult to estimate or ascertain the current total population.

Sample Size Determination

Given the inestimable nature of the population of caregivers, this study used the formula for unknown population to estimate a representative sample of caregivers in Federal Medical Centre Makurdi and Benue State University Teaching Hospital Makurdi for the study. The formular is as seen below:

$$n = \frac{z^2 pq}{e^2}$$

$$n = \frac{(1.96)^2 0.5(0.5)}{(.05)^2}$$

$$n = \frac{3.84 \times 0.25}{0.0025}$$

$$n = \frac{0.96}{0.0025}$$

$$n = 384$$

Therefore, the sample for the study was 384 caregivers.

Sampling Technique

This study used accidental sampling technique to draw a sample of caregivers for the present study. This technique was deemed fit because it allows the researcher to assess caregivers whom they meet accidentally at the hospital.

Participants

The participants for this study were 384 patients' caregivers currently supporting patients at the Federal Medical Centre Makurdi and Benue State University Teaching Hospital Makurdi. They were composed of 74 (19.3%) males and 310 (80.7%) females. Their ages ranged from 21-54years with a mean age of 31.017 years (SD=12.901). In terms of their ethnic groups, 220 (57.3%) were Tiv, 104 (27.1%) were Idoma while 60 (15.6%) were from other ethnic groups. As for their religion, 286 (74.5%) were Christians, 84 (21.9%) were Muslims while 14 (3.6%) were practicing other religions. Concerning their educational levels, 77 (20.1%) had primary education, 255 (66.4%) had secondary education while 52 (13.5%) had tertiary education. Considering their duration of care, 144 (37.5%) were caregivers for less than a year, 231 (60.2%) were caregiving for 1-10years while 9 (2.3%) were caregiving for more than 10years.

Instruments

Multidimensional Scale of Perceived Social Support: Perceived social support was measured using the Multidimensional Scale of Perceived Social Support developed by Zimet et al. (1988). This 12-item scale is measured on a 7-point format of 1(very strongly disagree) to 7 (very strongly agree). The scale is made up 3 subscales; Significant Others (items 1, 2, 5, 10), Family (items 3, 4, 8, 11), and Friends (items 6, 7, 9, 12). The author obtained an overall Cronbach's alpha coefficient of .82 and .72, .84 and .79 for the subscales; Significant Others, Family and Friends respectively. The present study obtained .88 for the overall scale while the subscales had .80, .84 and .70 for the significant others, family and friends respectively. Sample of items include "I can count on my friends when things go wrong" "My family is willing to help me make decisions".

Hardiness Scale: Hardiness was measured using the Hardiness Scale developed by Ferrara (2019). The scale has 42 items that are assessed using a 5-point Likert format of 1 (strongly disagree) to 5 (strongly agree). The scale has 3 dimensions; Challenge (items 1-14), Control (items 15-28) and Commitment (items 29-42). In this scale, items 2, 4, 7, 35, 36, and 40 are reverse-scored while the rest of the items are scored directly. The author reported an alpha coefficient of .73 for the overall scale, and .78, .81, .71 for the subscales; Challenge, Control and Commitment respectively. The present study obtained an alpha coefficient of .87 while the subscales had .72, .84 and .89 for the challenge, control and commitment subscales. Sample of items include; "I can control my anger and stress", "I feel that I am controlling my life".

Emotional Well-being Scale: Emotional well-being was measured using the Emotional Well-being Scale developed by Portia and Shermila (2015). This scale is a 26-item scale with four dimensions; Emotional stability (items 1, 5, 9, 13, 17, 21), Emotional resilience (items 2, 6, 10, 14, 18) Emotional health (items 3, 7, 11, 15, 19, 22, 23, 25, 26) and Emotional happiness (items 4, 8, 12, 16, 20, 24). Items 11, 13, 17, 21 and 22 are reverse scored. It is measured on a 3-point format of 1 (disagree) to 3 (agree). The scale has an overall alpha coefficient of .90, while that of the dimensions range from .75 - .86. In the present study, the scale had an overall reliability coefficient of .80 while the subscales had .82, .76, .80 and .71 for the emotional stability, emotional resilience, emotional health and emotional happiness respectively. Sample of items include; "I am a contented person", "I find it little difficult to adjust with others".

Procedure

This study was carried out among patients' caregivers in Federal Medical Centre Makurdi and Benue State University Teaching Hospital Makurdi. The researchers obtained approval from the Chief Medical Directors of the two targeted hospitals. After approvals were obtained, the researchers sought the consent of the caregivers to participate in the study. Those who willingly accepted to participate were assured of how confidential the data they provide and their identity would be treated. They were assured that the study would not constitute any form of harm to them. It took an average time of 20 minutes for each respondent to fill the questionnaire and a total of 2 months to complete the entire administration process. After administering 384 copies, a 100% return rate was observed and considered for data analysis.

Data Analysis

Descriptive statistics such the mean, standard deviation, frequencies and simple percentages was used to describe the participants. Multiple linear regression was used to test hypotheses one and two, Hayes process mediation analysis was used for hypotheses three, and Standard multiple regression analysis was used for hypothesis four.

Results

Table 1: Summary of Multiple Linear Regression showing the influence of hardiness on emotional wellbeing among patients' caregivers in selected tertiary health institutions in Makurdi, Nigeria.

Outcome	Predictors	R	R^2	F	df	β	t	sig.
Emotional Welb.	Constant	.783	.612	200.066	3,380		16.731	.000
	Challenge					.307	12.554	.011
	Control					.574	13.241	.000
	Commitment					.294	13.806	.000
Emot. Stability	Constant	.967	.935	1814.579	3,380		2.482	.000
	Challenge					.402	23.321	.000
	Control					.378	21.255	.000

	Commitment					.356	17.004	.000
Emot. Resilience	Constant	.423	.179	725.270	3,380		35.980	.000
	Challenge					.513	19.743	.000
	Control					.772	28.735	.000
	Commitment					.464	46.321	.000
Emot. Health	Constant	.612	.374	75.699	3,380		27.255	.000
	Challenge					.299	5.604	.000
	Control					.308	5.588	.000
	Commitment					.507	7.822	.000
Emot. Happiness	Constant	.850	.722	328.784	3,380		3.531	.000
	Challenge					.389	12.513	.002
	Control					.463	13.424	.000
	Commitment					.490	11.328	.000

The result presented in table 4.1 indicated that there was a significant influence of hardiness on emotional wellbeing among patients' caregivers [R^2=.612, F(3,380)=200.066, p<.001]. The result further indicated that hardiness explained 61.2% of the variation in emotional wellbeing. In terms of the dimensions, the result indicated that Challenge (β=.307, t=12.554, p<.05), Control (β=.574, t=13.241, p<.001), and Commitment (β=.294, t=13.806, p<.001) made significant positive contributions to emotional wellbeing. Thus, hypothesis one also supported.

The result also indicated that there was a significant influence of hardiness on emotional stability among patients' caregivers [R^2=.935, F(3,380)=1814.579, p<.001]. The result further indicated that hardiness explained 93.5% of the variation in emotional stability. In terms of the dimensions, the result indicated that Challenge (β=.402, t=23.321, p<.001), Control (β=.378, t=21.255, p<.001), and Commitment (β=.356, t=17.004, p<.001) made significant positive contributions to emotional stability.

The result also shows that there was a significant influence of hardiness on emotional resilience among patients' caregivers [R^2=.179, F(3,380)=725.270, p<.001]. The result further indicated that hardiness explained 17.9% of the variation in emotional resilience. In terms of the dimensions, the result indicated that Challenge (β=.513, t=19.743, p<.001), Control (β=.772, t=28.735, p<.001), and Commitment (β=.464, t=46.321, p<.001) made significant positive contributions to emotional resilience.

The result also indicated that there was a significant influence of hardiness on emotional health among patients' caregivers [R^2=.374, F(3,380)=75.699, p<.001]. The result further indicated that hardiness explained 37.4% of the variation in emotional health. In terms of the dimensions, the result indicated that Challenge (β=.299, t=5.604, p<.001), Control (β=.308, t=5.588, p<.001), and Commitment (β=.507, t=7.822, p<.001) made significant positive contributions to emotional health.

The result also shows that there was a significant influence of hardiness on emotional happiness among patients' caregivers [R^2=.722, F(3,380)=328.784, p<.001]. The result further indicated that hardiness explained 61.2% of the variation in emotional wellbeing. In terms of the dimensions, the result indicated that Challenge (β=.389, t=12.513, p<.01), Control (β=.463, t=13.424, p<.001), and Commitment (β=.490, t=11.328, p<.001) made significant positive contributions to emotional happiness.

Table 2: Summary of Multiple Linear Regression showing the influence of perceived social support on emotional wellbeing among patients' caregivers in selected tertiary health institutions in Makurdi, Nigeria.

Outcome	Predictors	R	R^2	F	df	β	t	sig.
Emotional Welb.	Constant	.594	.353	11412.677	3,380		19.952	.000
	Significant Others					.205	18.715	.000
	Family Support					.369	30.146	.000
	Friends Support					.703	11.460	.000
Emot. Stability	Constant	.640	.410	967.661	3,380		17.621	.000
	Significant Others					.866	28.328	.000
	Family Support					.313	17.889	.000
	Friends Support					.523	20.609	.000
Emot. Resilience	Constant	.893	.797	497.983	3,380		65.209	.000
	Significant Others					.313	24.240	.000
	Family Support					.764	33.570	.000
	Friends Support					.539	15.828	.000
Emot. Health	Constant	.497	.247	22843.869	3,380		42.274	.000
	Significant Others					.342	24.659	.000
	Family Support					.500	15.381	.000
	Friends Support					.418	23.252	.000
Emot Happiness	Constant	.569	.324	1972.698	3,380		33.028	.000
	Significant Others					.616	54.017	.000
	Family Support					.720	25.110	.000
	Friends Support					.578	55.206	.000

The result presented in table 4.2 indicated that there was a significant influence of perceived social support on emotional wellbeing among patients' caregivers [R^2=.353, F(3,380)=11412.677, p<.001]. The result further indicated that perceived social support explained 35.3% of the variation in emotional wellbeing. As for the dimensions, significant others (β=.205, t=18.715, p<.001), family support (β=.369, t=30.146, p<.001) and friends support (β=.703, t=11.460, p<.001) made significant positive contributions to emotional wellbeing. Thus, hypothesis two was also supported.

The result also shows that there was a significant influence of perceived social support on emotional stability among patients' caregivers [R^2=.410, F(3,380)=967.661, p<.001]. The result further indicated that perceived social support explained 41% of the variation in emotional stability. As for the dimensions, significant others (β=.866, t=28.328, p<.001), family support (β=.313, t=17.889, p<.001) and friends support (β=.523, t=20.609, p<.001) made significant positive contributions to emotional stability.

Furthermore, the result also indicated that there was a significant influence of perceived social support on emotional resilience among patients' caregivers [R^2=.797, F(3,380)=497.983, p<.001]. The result further indicated that perceived social support explained 79.7% of the variation in emotional resilience. As for the dimensions, significant others (β=.313, t=24.240, p<.001), family support (β=.764, t=33.570, p<.001) and friends support (β=.539, t=15.828, p<.001) made significant positive contributions to emotional resilience.

The result also shows that there was a significant influence of perceived social support on emotional health among patients' caregivers [R^2=.247, F(3,380)=22843.869, p<.001]. The result further indicated that perceived social support explained 24.7% of the variation in emotional health. As for the dimensions, significant others (β=.342, t=24.659, p<.001), family support (β=.500, t=15.381, p<.001) and friends support (β=.418, t=23.252, p<.001) made significant positive contributions to emotional health.

The result also indicated that there was a significant influence of perceived social support on emotional happiness among patients' caregivers [R^2=.324, F(3,380)=1972.698, p<.001]. The result further indicated that perceived social support explained 32.4% of the variation in emotional happiness. As for the dimensions, significant others (β=.616, t=54.017, p<.001), family support (β=.720, t=25.110, p<.001) and friends support (β=.578, t=55.206, p<.001) made significant positive contributions to emotional happiness.

Table 3: Summary of Hayes Process Macro showing the mediating role of perceived social support between hardiness and emotional wellbeing among patients' caregivers in selected health institutions in Makurdi, Nigeria.

Variables	R	R^2	F	df	ß	t	sig.	LLCI	ULCI
Constant	.744	.554	236.350	2,381		21.835	.000	34.7962	41.6832
Hardiness					.238	11.584	.000	.1972	.2779
Social Support					.220	3.307	.001	.0893	.3514
Int_1(X*M)					.051	.016	.000	.0176	.0792

The result displayed in table 3 shows that perceived social support significantly mediated the influence of hardiness on emotional wellbeing among patients' caregivers [R^2=.554, F(2,381)=236.350, Int_1(X*M) (ß=.051, t=.016, p<.001]. The result indicated that both hardiness (ß=.238, t=11.584, p<.001) and perceived social support (ß=.220, t=3.307,

p<.001) are significant predictors of emotional wellbeing. Thus, hypothesis three was also supported.

Table 4: Summary of Standard Multiple Regression showing the joint influence of hardiness and perceived social support on emotional wellbeing among patients' caregivers in selected health institutions in Makurdi, Nigeria.

Variables	R	R^2	F	df	β	t	sig.
Constant	.744	.554	236.350	2,381		21.835	.000
Hardiness					.173	3.307	.001
Perceived Social Support					.605	11.584	.000

The result presented in table 4 indicated that there was a significant joint influence of hardiness and perceived social support on emotional wellbeing among patients' caregivers [R^2=.554, F(2,381)=236.350, p<.001]. The result further indicated that both hardiness and perceived social support jointly explained 55.4% of the variation in emotional wellbeing. This implies that the experience of emotional wellbeing is a composite function of multiple variables. Thus, hypothesis four was also supported.

Discussion

Hypothesis one was tested to find out if hardiness will significantly influence emotional wellbeing among patients' caregivers in selected health institutions in Makurdi, Nigeria. Findings indicated that hardiness had a significant influence on emotional wellbeing among patients' caregivers. Hardiness is characterized by skills such as the ability to face challenges, develop control and commitment to a course or situation. It is likely that caregivers who have such skills will be more able to handle the emotional demands of the caregiving process, and thus have high chances of experiencing high emotional wellbeing. Therefore, this finding tallies with Chukwuemeka and Obioha (2024) who indicated that resilience was positively associated with mental health among caregivers. Similarly, Hassan and Alwan (2023) also found that there was a strong positive correlation between emotional well-being and psychological hardiness. Another consonant study by Nainggolan and Huwae (2022) found a significant positive relationship between emotional health and hardiness. Also, Kang and Sharma (2022) revealed that psychological hardiness was negatively correlated to comorbid mental health problems which indicated that a higher level of psychological hardiness leads to fewer mental health problems and better well-being.

Hypothesis two was tested to find out if perceived social support will significantly influence emotional wellbeing among patients' caregivers in selected health institutions in Makurdi, Nigeria. Findings indicated that perceived social support had a significant influence on emotional wellbeing among patients' caregivers. Perceived social support is characterized by the confidence that one can receive support from family, friends and significant others when they are in need. This perception is likely to influence emotional wellbeing because, caregivers

who have supporters may have more balance in their lives and thus experience more emotional wellbeing than those with little or no support. Therefore, this study agrees with Acoba (2024) who found that family and significant others support decreased perceived stress, increasing positive affect, and decreasing anxiety and depression. Similarly, Hidalgo-Fuentes et al. (2024) found that social support was highly correlated with emotional well-being. Another study by Mao et al. (2024) revealed that social support was found to be a significant predictor of subjective well-being. Also, Rami (2023) and Afita and Nuranasmita (2023) found that a healthy mentality has a substantial impact on the success of a family that promotes community life through social support. An earlier study by Uyoh and Madu (2022) revealed that social support significantly (friends, family, and significant others) correlated with mental-health. Also, Yusof et al. (2022) found that social support has a significant relationship with psychological well-being.

Hypothesis three was tested to find out if perceived social support will significantly mediate between hardiness and emotional wellbeing among patients' caregivers in selected health institutions in Makurdi, Nigeria. Findings indicated that perceived social support significantly mediated between hardiness and emotional wellbeing among patients' caregivers. This finding agrees with Hidalgo-Fuentes et al. (2024) who revealed that social support enhanced the connection between hardiness and emotional well-being. Similarly, Chang et al. (2023) revealed that social support mediated the correlation between hardiness and depressive symptoms. Another study by Azpiazu et al. (2023) also found that social support significantly mediated the nexus between hardiness and well-being. Relatedly, Kong et al. (2022) found that social support partially mediated the relationship between emotional intelligence and hardiness.

Hypothesis four was tested to find out if hardiness and perceived social support will jointly influence emotional wellbeing among patients' caregivers in selected health institutions in Makurdi, Nigeria. Findings indicated that hardiness and perceived social support had a significant joint influence on emotional wellbeing among patients' caregivers. This finding tallies with Hidalgo-Fuentes et al. (2024) who revealed that social support, hardiness and happiness jointly influenced emotional well-being. Another study by Anjum (2022) revealed that social support and hardiness were significant joint predictors of psychological well-being. Relatedly, Azadi et al. (2020) also indicated that hardiness and social support had a significant joint influence on psychological well-being.

Recommendations

Based on the conclusions drawn from the present study, the following recommendations were made for research and practice:

i. There is need for all patient-caregivers in tertiary health institutions in Benue State to be given training on hardiness skills by psychologists as they initiate support services to their patients at the hospitals. This can be feasible with the support of clinical psychologists across the studied hospitals. The effort will go a long way to ensure that the emotional wellbeing of these caregivers is not compromised.

ii.   Clinical psychologists should assess the social needs of caregivers on periodic basis and ensure that their emotional, informational and interactional forms of supports from family and friends are availed to these caregivers for their optimal emotional wellbeing.

iii.   In line with the findings of this study, both researchers and clinicians should use social support interventions for caregivers whose care burden and other personal factors are affecting their emotional wellbeing. Social support should be tested further in intervention studies and policies made at the organizational levels of each hospital to support caregivers during their caregiving process.

Contributions to Knowledge

This study has made the following contributions to knowledge and the practice of clinical psychology:

i.   Since caregivers are often an over-looked population in terms of research and also their wellbeing, this study reiterates the need for more attention to be paid to the emotional needs of patient-caregivers. The study thus, has shown gaps in clinical support, data and literature among patient-caregivers.

ii.   Secondly, the study reiterates the need for social support from family, friends and significant others to be directed to the needs of caregivers as well since they experience a lot of care burden and daily demands in the caregiving process.

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