

## Social Support as the Key Mediator between Patient's Severity of Alcohol Consumption and Caregiver's Quality of Life

Hunny Kalra and Suninder Tung

Guru Nanak Dev University, Amritsar

The care of patients with Alcohol Use Disorder (AUD) significantly affects the well-being of caregivers. Consistent with Lazarus and Folkman's Stress and Coping Model, the Severity of Alcohol Consumption (SAC) of patients is a major stressor for their caregivers. Stressors impact caregiver's well-being, with their Quality of Life (QOL) linked to coping resources, such as Social Support (SS). The present study aimed to investigate the mediating role of SS in the relationship between patients' SAC and caregivers' QOL. This cross-sectional study was conducted in two psychiatric hospitals in Amritsar city, Punjab. Purposive sampling technique was used to collect data from 128 individuals with AUD and their family caregivers. The assessment tools used included the World Health Organization Quality of Life Brief Version, Alcohol Use Disorders Identification Test, and PGI Social Support Questionnaire. The mediation model was run using Smart PLS 4. The results of the mediation analysis showed a significant and partial mediation of the association between SAC and QOL by SS ( $P < .001$ ). SAC detrimentally impacts caregivers' QOL both directly and indirectly through SS, with the latter serving as a mediator, partially mitigating SAC's negative impact. The results are discussed in light of the theoretical framework and empirical research.

**Keywords:** Substance Abuse, Family Caregiving, Stress and Coping, Social Support, Quality of Life

Caregiving is described as "the process of helping another person who is unable to do for themselves in a holistic (physically, mentally, emotionally, and socially) manner" (Hermanns & Mastel-Smith, 2012). The provision of care within the context of chronic psychological conditions, as observed during the era of deinstitutionalization linked with schizophrenia (Leff et al., 1990), shares similarities with caregiving in the domain of Alcohol Use Disorder.

"Quality of Life (QOL) is defined as individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns" (WHOQOL, 1993). The term

encompasses a person's physical and mental health, as well as their psychological and social well-being, achievement of personal goals, financial stability, and ability to carry out daily activities. While QOL studies (Caqueo-Urizar et al., 2009) traditionally focused on patients, attention is now shifting towards caregivers, recognizing their crucial role in comprehensive treatment plans and acknowledging their QOL as an important variable of interest.

On a global scale, research on caregivers (Allen et al., 2019; Rao et al., 2020) has primarily focused on those caring for the elderly with dementia or chronic physical illnesses, with subsequent attention directed toward caregivers of individuals with

schizophrenia. However, there is a noticeable lack of studies involving caregivers of patients with AUD and other psychological disorders (Caqueo-Urizar et al., 2014). AUD is defined as “a medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences” (NIAAA, 2017). In India, 14.6% (16 crore) aged 10-75 years use alcohol, with 2.9 crore being dependent users; Punjab ranks third with a prevalence exceeding 28%, (*Magnitude of Substance Use in India, 2019*) while the overall prevalence of AUD in India is 4.7%. (*National Mental Health Survey, 2019*).

The lasting changes in the brain caused by alcohol misuse contribute to the persistence of AUD and increase individuals' susceptibility to relapse. This has a profound negative impact on the QOL of their caregivers, rendering them more susceptible to developing psychiatric disorders (Kumar Goit et al., 2021). Caregivers frequently report a decline in overall QOL, and a correlation has been found between increased financial costs and caregiver burden (Brinda et al., 2014). Caregiver burden is prevalent, with a reported rate of 95% among caregivers of AUD patients (Kadam et al., 2020). Vaishnavi et al., (2017) found a positive correlation between the severity of alcohol dependence and the significant burden experienced by caregivers, highlighting the importance of addressing caregiver burden during AUD treatment to enhance treatment efficacy. Consistent with research (Swaroopachary et al., 2018), alcohol-related issues in a partner pose various health risks for women, extending beyond the well-documented association with domestic violence.

Within the framework of Lazarus and Folkman's Transactional Model of Stress and Coping (Lazarus & Folkman, 1984), the Severity of Alcohol Consumption (SAC)

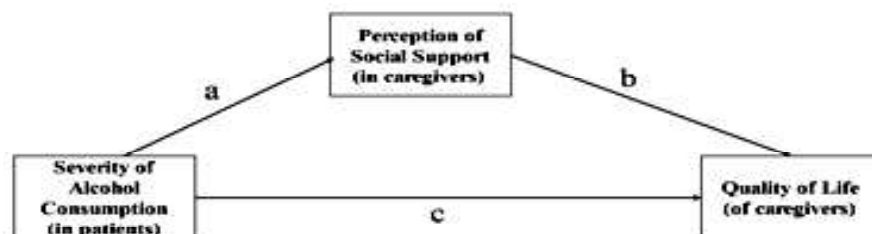
emerges as a significant stressor for AUD caregivers. According to the model, stressors are external events or conditions that pose a threat to an individual's well-being, and their impact is contingent on the individual's perception and appraisal of these stressors. In this model, the outcome of caregivers' well-being, such as their QOL, is intricately linked to the stressors they face and the coping resources at their disposal. Central to this framework is the role of Social Support (SS) as an essential coping resource, which is defined as “the presence or availability of individuals upon whom others can rely, individuals who convey care, value, and love to them” (Sarason et al., 1983).

Brand et al. (2016) found that caregivers who perceive positive aspects in their caregiving role often report substantial SS, which in turn is linked to enhanced psychological well-being and an improved sense of QOL. A recent meta-analysis comprising 56 studies revealed a moderate, negative correlation between SS and subjective burden among caregivers of adults and older adults (del-Pino-Casado et al., 2018). The study conducted by Yi et al. (2021) revealed a positive correlation between QOL and SS in caregivers of COPD patients. Additionally, SS was found to partially mediate the relationship between caregiving burden and QOL. Furthermore, a study conducted by Shukri et al. (2020) identified a lack of SS as a determinant of depressive symptoms among caregivers. Moreover, a study conducted by Marsack-Topolewski (2021) revealed that informal SS partially mediated the relationship between caregiver burden and QOL. In a study conducted by Kalra & Tung (2024), SS emerged as a significant predictor of QOL in caregivers of AUD patients.

Based on the literature and empirical evidence, it is evident that SS not only significantly influences the well-being of caregivers but also acts as a mediator

between caregiver stressors and well-being. However, the mediating role of SS in the relationship between stressors related to AUD, such as SAC in patients, and QOL of

their caregivers has not been explored. Therefore, the following model was proposed to investigate the mediating role of SS in specific caregiving situations involving the care of AUD patients.



**Figure 1: Hypothesized model depicting mediating role of caregiver's Perception of Social Support in the relationship between Severity of Alcohol Consumption in patients and caregiver's Quality of Life**

### Objective of the study

To understand the mediating role of SS in the relationship between patients' SAC and their caregivers' QOL.

### Hypotheses

Based on existing literature, the following hypotheses were framed:

1. Caregivers' QOL will be significantly predicted by patients' SAC and caregiver's perception of SS.
2. The caregiver's perception of SS will significantly mediate the relationship between patients' SAC and caregivers' QOL.

### Method

#### Sample

The cross-sectional study received approval from the university's Institutional Ethics Committee and was conducted at two psychiatric hospitals in Amritsar, Punjab. The recruitment phase spanned from August 2022 to January 2023. All participants provided written informed consent. The study utilized purposive sampling and involved 128 caregivers (18 males, 110 females) and their patients with AUD (128 males). The

caregivers had a mean age of 43.05 years with a standard deviation of 13.02, while the patients had a mean age of 41.01 years with a standard deviation of 9.8.

### Inclusion and Exclusion criteria

The study involved male patients aged 20 to 65 years who met the DSM-5 criteria for AUD, and their male or female caregivers aged 18 years and above. Patients were excluded if they had a dependence on substances other than alcohol (excluding nicotine) or any comorbid physical or psychiatric illness. Additionally, patients with a family member diagnosed with a chronic physical illness or psychiatric disorder (excluding themselves) were also excluded from participation.

In this study, a primary caregiver was defined as an individual living with the patient and actively involved in their care for at least one year. If multiple caregivers met this definition, preference was given to the one who was more actively engaged in the patient's care. The level of caregiving involvement was determined from the patient's perspective. Specifically, the patient was asked to identify which family member was more actively engaged in their care

compared to others. Data was then collected directly from the family member identified by the patient.

Initially, 200 individuals with AUD along with their caregivers were assessed for eligibility. Out of these, 44 were excluded for various reasons: 26 due to comorbidity, 14 because a family member had a diagnosed physical or psychiatric illness, and 4 who

refused to participate. After the identification stage, questionnaires were administered to 156 eligible participants. However, 28 individuals were excluded from further analysis due to incomplete data. Consequently, the analysis included data from 128 participants. Figure 2 offers a comprehensive overview of the participant recruitment, enrolment, and data analysis processes in the study.

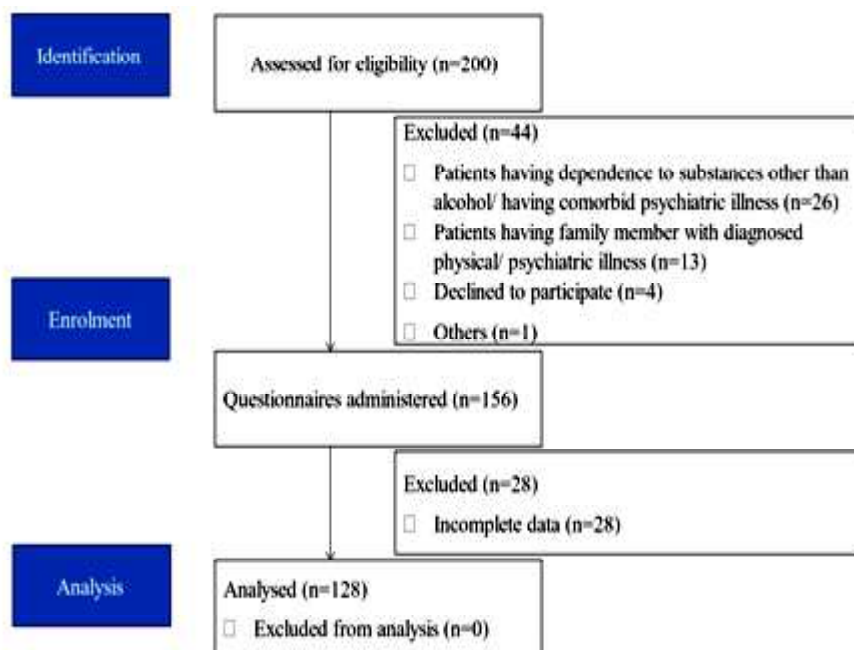


Figure 2: STROBE diagram showing the flow of participants

### Assessment Tools

*World Health Organization Quality of Life-Brief version (WHOQOL-BREF)* - (Skevington et al., 2004): The caregivers' QOL was evaluated using the WHOQOL-BREF, a 26-item abbreviated version of the WHOQOL-100. This instrument measures four domains: physical capacity (7 items), psychological well-being (6 items), social relationships (3 items), and environmental health (8 items). Respondents rated each item on a five-point scale, with higher scores indicating better QOL. The Split-Half Reliability of the

WHOQOL-BREF showed a Spearman-Brown coefficient of .935, demonstrating excellent internal consistency.

*PGI Social Support Questionnaire (PGI SSQ)* - (Nehra et al., 1996): The perception of SS among caregivers was evaluated using the PGI SSQ, a self-report measure adapted from the Pollack and Harris scale (1983) and tailored for use in Indian psychiatric patients. Originally translated into Hindi by Nehra and Kulhara (1987), this questionnaire comprises 18 items, each offering four response options ranging from fully agreed to not agreed. The

cumulative score from the questionnaire reflects the individual's perceived level of SS, with higher scores indicating greater perceived support. The Spearman-Brown coefficient for the split-half reliability of the PGI SSQ was calculated to be 0.743, indicating satisfactory internal consistency.

*Alcohol Use Disorders Identification Test (AUDIT)* - (Saunders et al., 1993): The severity of alcohol consumption among patients was evaluated using the English version of the AUDIT. Developed by the World Health Organization, AUDIT is a 10-item scale aimed at identifying unhealthy alcohol use. Each of the 10 questions is rated on a scale from 0 to 4, contributing to a total score ranging from 0 to 40. Scores of 1 to 7 suggest low-risk alcohol consumption, 8 to 14 indicate hazardous alcohol consumption, and 15 or higher suggest potential alcohol dependence. The Split-Half Reliability analysis of the AUDIT yielded a Spearman-Brown coefficient of .854, indicating strong internal consistency.

### Procedure

Before collecting data, participants were given detailed instructions. Rapport was established, and participants were provided with thorough explanations about the study. Those who understood the study details were asked to give written consent, with an assurance of confidentiality. Participants had the freedom to withdraw from the study at any time without facing any consequences. Each test was carried out according to the instructions provided in the manual. Assessments were done individually, with each participant being evaluated separately.

### Results

The data was analyzed using Smart PLS 4 using Path Analysis. SS was considered as the mediator variable between SAC and

QOL. A mediator variable is a variable in the study that can either change the strength or direction of the relationship between the independent and dependent variables, or increase the total effect of the independent variable on the dependent variable (MacKinnon, 2008).

Table 1 presents the results of path analysis. As seen in the table, SAC in patients (Path c =  $-.329$ ,  $p < .001$ ) and SS (Path b =  $.577$ ,  $p < .001$ ) both significantly predict the QOL among caregivers. Thus, hypothesis 1 is accepted. There is a negative predictive relationship between the SAC and QOL. It denotes that as the level of alcohol consumption in patients increases, there is a corresponding fall in the level of QOL of their caregivers. Furthermore, SS positively predicts the QOL of caregivers. It implies that as the perception of SS in caregivers increases, their perception of QOL also increases.

Table 1. Regression weights between various paths in the model

Path	Regression weight
Severity of Alcohol Consumption → Quality of Life	$-.329^*$
Severity of Alcohol Consumption → Social Support	$-.396^*$
Social Support → Quality of Life	$.577^*$

\* $p < .001$

Further the model were checked for mediation of SS in the relationship between SAC and QOL. Table 2 shows the direct, indirect and total effects of mediation. Our prime focus is on the indirect effect of SAC on QOL as it is the mediated effect of SS.

Table 2. Showing direct, indirect, and total effects of mediation

Relationship	Direct effect	Indirect effect	Total effect	95% CI	
				LL	UL
Severity of Alcohol Consumption → Quality of Life	-.329*	-.228*	-.557*	-.44	-.19
Severity of Alcohol Consumption → Social Support	-.396*	-	-.396*	-.54	-.25
Social Support → Quality of Life	.577*	-	.577*	.48	.69

\*p<.001; CI= Confidence Interval; LL= Lower Limit; UL= Upper Limit

The mediated effect of SS can be seen in the indirect effect of SAC on QOL. As seen in Table 2, the total effect from SAC to QOL has increased (Total effect = -.557) and the increase is significant ( $p < 0.001$ ). SS is the mediator variable that has caused the relationship between SAC and QOL to increase in strength. Bootstrapping was used in order to see the direct and indirect effects of the proposed paths. As noted in the table, the UL and LL values are the same in their direction for all three proposed paths and the values aren't too far apart from one another. Hence, hypothesis 2 is accepted.

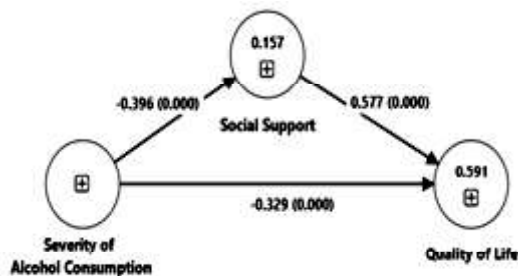


Figure 3: Output for the model run for mediation in Smart PLS 4

## Discussion

The main aim of this study was to understand the complex relationship between SAC, SS, and QOL among caregivers of patients with AUD. Using mediation analysis, the study aimed to identify both the direct and mediated pathways through which SAC affects QOL, focusing on the potential mediating role of SS. The analysis of direct and indirect effects reveals that SS partially

mediate the relationship between SAC and QOL.

Interpreting SAC as a key stressor in the caregiving experience for AUD, current study is consistent with Lazarus and Folkman's framework (Lazarus & Folkman, 1984) highlighting SS as crucial coping resources. As Figure 3 illustrates, the direct effect (path c) emphasizes SAC's role as a stressor, exerting a considerable negative influence on caregivers' QOL. SAC also negatively influences SS (path a) reinforcing its role in shaping available coping resources. Furthermore, higher SS predicts better QOL (path b), supporting the framework's assertion that SS is a vital coping resource. The indirect effect via SS aligns with the framework, illustrating that higher levels of this coping resource contribute to better caregiver QOL. Earlier studies have also reported similar findings (McAuliffe et al., 2020; Yang et al., 2019; Yi et al., 2021).

The multifaceted nature of SS may serve as a significant mediator between SAC and QOL among AUD caregivers. SS among caregivers of individuals with AUD may manifest in various forms, such as in the form of instrumental support, informational support, and emotional support.

Instrumental support is essential for caregivers as it provides practical assistance, resources, and knowledge to effectively manage caregiving responsibilities. Whether it comes from family, friends, or community

organizations, this support helps to ease caregivers' workload and stress, allowing them to focus on self-care and meaningful interactions with their loved ones (Kalra & Tung, 2024). Similarly, informational support may provide caregivers with knowledge, guidance, and resources for effective caregiving. It includes accurate information on medical treatments, support services, and the progression of the care recipient's condition. By receiving reliable information, caregivers can make informed decisions, develop coping strategies, and access tailored support services (Nightingale et al., 2016).

Additionally, emotional support may provide caregivers with a crucial buffer against the challenges of caregiving by offering a safe space for expressing and validating emotions, and alleviating feelings of loneliness and distress. This support fosters resilience and enhances overall psychological well-being (Lindqvist et al., 2013). As caregiving continues over time, the importance of perceived emotional support becomes more evident. This is often attributed to the increasing need for individuals to express their emotions and concerns to others, especially as they make various adjustments to accommodate the effects of the disease (García-Carmona et al., 2021).

The results of current study align with prior research across diverse caregiving contexts, reinforcing consistent patterns in the relationships between SAC in patients, caregivers' perception of SS, and their QOL. While existing studies (Gleeson et al., 2016; Ong et al., 2018; Isa et al., 2021; García-Carmona et al., 2021) have investigated these dynamics across diverse caregiving scenarios, the present study uniquely focuses on caregivers of individuals with AUD, making a distinct contribution.

## Conclusion

The present study sheds light on the intricate interplay among patient's SAC, caregiver's perception of SS, and caregiver's QOL. SAC significantly influences caregivers' QOL, both directly and indirectly through its impact on SS. SS serves as a mediator, partially mitigating the adverse effects of SAC. These findings emphasize the importance of tailored interventions for caregivers, with a focus on enhancing social support and addressing SAC as a primary stressor to ultimately enhance their quality of life. Future studies should focus on a larger and more diverse sample, coupled with the implementation of a longitudinal study design to investigate the dynamic interactions among SAC, SS, and QOL over an extended period.

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**Hunny Kalra**, Senior Research Fellow, Department of Psychology, Guru Nanak Dev University, Amritsar – 143005 Email: [hnykalra.psy@gmail.com](mailto:hnykalra.psy@gmail.com)

**Suninder Tung**, Professor (Retd.), Department of Psychology, Guru Nanak Dev University, Amritsar – 143005 Email: [sunindertung\\_psy@yahoo.co.in](mailto:sunindertung_psy@yahoo.co.in)