

# Positive Appraisal and Influencing Factors of Family Caregivers for Older Adults with Dementia at Home

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## ABSTRACT

**Background:** Japan has become the world's first super-aged society, with an increasing number of older adults developing dementia as the population ages. With the promotion of community-based comprehensive care systems, this population is increasingly expected to receive home-based care.

**Purpose:** This study assessed the positive appraisal of family caregivers of older adults with dementia at home and identified its influencing factors.

**Methods:** An internet survey of family caregivers of older adults with dementia was conducted in June 2024. The survey instrument evaluated the profile and care situation of caregivers, demographic profile and activities of daily living of older adults with dementia, and positive appraisal of caregivers. We conducted correlation and factor analyses.

**Results:** In total, 198 family caregivers participated (males: 125 [63.1%]; 40–60 years old: 173 [87.5%]; employed: 139 [70.2%]; self-reported good health: 169 [85.3%]; and highest proportion of more than Japanese yen 5 million annual income: 53 [26.8%]). Regarding caregiving duration, 130 (65.6%) had been providing care for a duration of 1–5 years. A total of 148 (74.7%) participants cared for their own parents, and 99 (50.0%) lived with those

they cared for. Of the older adults with dementia receiving care, 136 (68.7%) were female, 93 (47.0%) were aged 80 years, and 87 (43.9%) could walk indoors. Regarding long-term care insurance, 47 (23.7%) patients mostly needed nursing care level 3. Factor analysis of the positive appraisal scale identified two key factors: “caregiving satisfaction” and “caregiver’s self-growth.” Spearman’s correlation analysis showed that “good health” and “high annual income” were significantly associated with positive appraisal.

**Conclusions:** “Caregiving satisfaction” may be effective in alleviating the burden on families who struggle with the challenges of dementia care, particularly those who feel conflicted, restricted, and overwhelmed by long-term caregiving. Notably, more than 80% of the caregivers in this study were middle-aged or older adults, and their sense of personal growth extended beyond daily caregiving tasks. This highlights the role of caregiving in fostering personal development and offers prospects for caregivers. Furthermore, good health and financial situations of these families were important factors influencing the continuation of home care. This underscores the broader societal challenge of providing adequate health and financial support for caregiving families.

**Keywords:** Family caregivers, positive appraisal, older adults with dementia, internet survey

## INTRODUCTION

Japan is the world's first super-aged society, with a record-high aging rate of 29.3% in 2024. [1] The demand for medical and long-term care services is expected to increase even further after 2025, when the baby boom generation will be aged 75 years or older. In 2005, the government promoted the establishment of the "Community-based Integrated Care System" to enable people to continue to live until the end of their lives in their own neighborhoods, even if they need serious nursing care. In 2015, the "Comprehensive Strategy for the Promotion of Dementia Policies: Toward the Creation of Dementia-Friendly Communities (New Orange Plan)" was formulated to realize a society in which people with dementia could continue living according to their desires. [2] With the rapid aging of the population, the number of older adults with dementia is expected to increase, reaching 6.75 million in 2025, with a prevalence rate of 18.5%, [3] and dementia was reported as the most common cause of the need for long-term care at 16.6%. [4]

Dementia includes core symptoms, including cognitive function impairments, such as memory loss, apraxia, and forgetting of words, and peripheral symptoms, including behavioral and psychological symptom impairments, such as depression, agitation, delusion, hallucination, wandering, violence, and sleep disturbances. Behavioral and psychological symptoms of dementia (BPSD) are undesirable symptoms for both people with dementia and their caregivers as they can contribute to the burden of care and often lead to abandonment of care or physical restraints. [5] Uchida et al. performed a systematic review of studies of professional interventions for family caregivers of older adults with dementia at home. In the intervention group, reduction in caregiving burden, alleviation of depression, improvements in caregiver well-

being, enhancement of caregiver skills, amelioration of BPSD, and overall enhancement of caregivers' quality of life were observed. [6] Furthermore, previous research on support for family caregivers of older adults with dementia has not only focused on reducing on the caregiving burden but has also focused on the positive appraisal of caregivers that leads to continual caregiving. [5]

Accordingly, rather than considering caregiving from a negative perspective as burdensome and difficult, it is necessary to recognize it as a valuable activity and highlight the inherent caregiving abilities of family caregivers through a positive appraisal of caregiving. In addition, Ichiki's study [7] outlined the following four points regarding the importance of exploring the positive appraisal of caregiving. First, positive evaluations increase self-worth, leading to confidence in one's ability to make meaning, such as a deep sense of closeness with those in need of care. Second, understanding positive appraisals allows professionals and practitioners to work effectively with caregivers during the support processes. Third, determining the quality of care provided to older adults is important. Fourth, positive appraisal provides information for expanding theories about caregivers' adjustment to caregiving and psychological well-being. Therefore, family caregivers' positive connotations of caregiving can be an important driving force for increasing their own energy and for positive engagement in caregiving.

The purpose of this study was to assess the positive appraisal of family caregivers of older adults with dementia at home and identify its influencing factors.

## MATERIALS & METHODS

This study used a cross-sectional design and closed web-based questionnaire. An internet survey of family caregivers of older adults registered with research company monitors was conducted in June 2024. The target number of respondents was 500. According to the company's survey methodology, the

survey was closed when the target number of respondents was reached; the survey lasted for 11 days. Of the 500 respondents, 198 family caregivers of older adults with dementia were included in the study. Registered monitors were managed exclusively during the survey, registration information was updated, and proactive measures were implemented according to internal regulations. We confirmed from the survey company that stored the participants' personal information was managed according to the company's privacy policy. The characteristics of the family caregivers included sex, age, work status, health status, annual income, period of caregiving, relationship with older adults, and residential status. The characteristics of older adults with dementia included sex, age, activities of daily living, and long-term care insurance status.

Fourteen items from the Japanese version of the positive appraisal scale were used in this study. The respondents provided answers to each item using a 4-point scale from 1 (strongly disagree) to 4 (strongly agree very much). The total scores ranged from 14 to 56 points, with higher scores indicating higher caregiving affirmation. The reliability and validity of the Japanese version of this scale have been confirmed. [8] This study was approved by the Ethical Review Committee of Toyama Prefectural University (approval no. R5-26). The

participants were presented with the first page of the survey screen to indicate their consent to participate in the study. Therefore, submission of responses indicated consent to participate.

## STATISTICAL ANALYSIS

After the primary tabulation, the distribution of the scores for each item on the positive appraisal scale was confirmed, and an exploratory factor analysis was conducted. Factor analysis was conducted using the main factor and promax rotation methods. Correlation tests were also conducted between total positive appraisal scores and family caregiver attributes. Statistical analyses were performed using IBM SPSS Statistics ver. 29, with a significance level set at  $p < 0.05$ .

## RESULT

In total, 198 family caregivers participated in the survey. Of these, 125 (63.1%) were male, 173 (87.5%) were aged 40–60 years, 139 (70.2%) were employed, 169 (85.3%) reported good health, and 53 (26.8%) had an annual income of more than 5 million Japanese yen (JPY). The average age was 55.48 years. Regarding caregiving duration, 130 (65.6%) had been providing care for 1–5 years. A total of 148 (74.7%) participants cared for their own parents, and 99 (50.0%) lived with their parents (Table 1).

Table 1 Basic attribute		n=198	
1. Attributes of family caregivers		n	%
Gender	Male	125	63.1
	Female	73	36.9
Age	Mean ± SD	55.48± 9.86	
	22-39 years old	14	7
	40-69 years old	173	87.4
Job availability	70-82 years old	11	5.6
	Yes	139	70.2
	No	59	29.8
Health situation	Good health	65	32.8
	Normal	104	52.5
	Poor health	29	14.7
Annual income	Less than JPY 1 million	47	23.7
	JPY 1 million to JPY 3 million	51	25.8
	JPY 3 million to JPY 5 million	47	23.7
	More than JPY 5 million	53	26.8

Period of caregiving	1 - 5 years	130	65.6
	More than 5 years	68	34.4
Relationship	Own parents	148	74.7
	Parents-in-law	31	15.7
	Spouse	5	2.5
	Others	14	7.1
Residency status	Living together	99	50
	Separation	99	50
<b>2. Attributes of older adults with dementia who are in care</b>			
Gender	Male	62	31.3
	Female	136	68.7
Age	Mean $\pm$ SD	85.10 $\pm$ 7.34	
	65-69 years old	5	2.5
	70-79 years old	37	18.7
	80-89 years old	93	47
	90-98 years old	63	31.8
ADL	Almost independent	30	15.2
	Can walk indoors	87	43.9
	Can hold a sitting position	58	29.3
	Bedridden	23	11.6
Long-term care insurance status	Support care level 1	16	8.1
	Support care level 2	20	10.1
	Long-term care level 1	31	15.7
	Long-term care level 2	33	16.7
	Long-term care level 3	47	23.7
	Long-term care level 4	25	12.6
	Long-term care level 5	22	11.1
	Not applicable	4	2

The 198 older adults with dementia who were receiving care had an average age of 85.10 years. Of the 198, 136 (68.7%) were female, 93 (47.0%) were aged 80 years, and 87 (43.9%) could walk indoors. In the long-term care insurance group, 47 (23.7%) mostly needed nursing care level 3 (Table 1).

The mean positive appraisal score was 31.17 $\pm$ 9.87. After confirming the distribution of scores for each item of the

Japanese version of the positive appraisal scale, two factors including “caregiving satisfaction” and “caregiver’s self-growth” were extracted using exploratory factor analysis. The alpha coefficient values after factor analysis were 0.947 for the total positive appraisal scale, 0.935 for “caregiving satisfaction” (10 items), and 0.883 for “caregiver’s self-growth” (4 items), confirming that sufficient internal consistency was achieved (Table 2).

<b>Factor names</b>	<b>Factor loadings</b>	
<b>Question Items</b>	<b>Factor 1</b>	<b>Factor 2</b>
<b>1. Satisfaction with caregiving situation (<math>\alpha=.935</math>)</b>		
⑦Caring for the elderly, on the contrary, I am cheered up and encouraged.	<b>0.835</b>	0.668
⑤By providing care, I became closer to those being cared for.	<b>0.792</b>	0.718
③Caring for the elderly is what makes my life worth living.	<b>0.789</b>	0.669
②I enjoy being with the elderly being cared for.	<b>0.786</b>	0.515
⑥It makes me happy to see the elderly being cared for be happy about something small.	<b>0.783</b>	0.541
④Caring for the elderly gives me a sense of self-satisfaction.	<b>0.783</b>	0.717
⑧The elderly being cared for feels appreciated and happy about the care.	<b>0.742</b>	0.589
①Caregiving is not out of a sense of obligation, but a desire.	<b>0.734</b>	0.531
⑭Despite the hardships of caregiving, I will try to keep a positive outlook.	<b>0.731</b>	0.632
⑬I will take care of the elderly being cared for until the very end.	<b>0.71</b>	0.525

<b>2. Caregiver's sence of personal growth (<math>\alpha=.883</math>)</b>		
⑫I think I have grown as a person thanks to caring for elderly.	0.686	<b>0.851</b>
⑩There is so much to learn by caring for elderly.	0.591	<b>0.818</b>
⑨Thanks to caring for the elderly, I have gained confidence in my ability to tackle difficulties, etc.	0.763	<b>0.81</b>
⑪Caring for the elderly is a good thing for one's own retirement.	0.493	<b>0.765</b>

Furthermore, spearman's correlation coefficients were used to compare the relationship of positive appraisal scores on caregiving with the attributes of the caregiving family. Two items, "health situation" and "annual income," were significantly related to the total positive appraisal scores ( $p<0.05$ ). Families in good health tended to have more positive attitudes

toward caregiving. Moreover, families with annual incomes of 5 million JPY or more tended to be more positive about caregiving (Table 3).

Spearman's correlation coefficients were used to compare the relationship between positive appraisal scores on caregiving and the attributes of the care recipients; no items were significantly related.

Item		n (%)	Average value of positive appraisal points $\pm$ SD	p-value
Health situation	Good health	65 (32.8%)	34.46 $\pm$ 9.74	0.002**
	Normal	104 (52.5%)	29.74 $\pm$ 9.17	
	Poor health	29 (14.7%)	28.93 $\pm$ 11.0	
Annual income	Less than JPY 1 million	47 (23.7%)	30.32 $\pm$ 9.89	0.025*
	JPY 1 million to JPY 3 million	51 (25.8%)	29.57 $\pm$ 10.20	
	JPY 3 million to JPY 5 million	47 (23.7%)	30.72 $\pm$ 9.39	
	More than JPY 5 million	53 (26.8%)	33.87 $\pm$ 9.67	

\*:  $p<0.05$ , \*\*:  $p<0.01$

## DISCUSSION

In this study, male family caregivers of older adults with dementia at home accounted for 63.1% of the total participants. Male family caregivers have increased from 23.6% in 2001 to 31.3% in 2013, [9] and the gender norm, which has traditionally been "women providing care," is steadily changing, transforming the family model to include male caregivers due to the socialization of caregiving occurring through the long-term care insurance system and social advancement of women. [10] Although the results of this survey may be influenced by the attributes of applicant monitoring registrants, they also reflect the increasing number of male family caregivers who meet the needs of older adults with dementia living at home. [11] These male family caregivers face many challenges, such as unfamiliarity with housework and caregiving, poor communication, difficulty in accepting

changing parents, stress of unpredictable parental behaviors, annoyance from being misunderstood by the society, difficulty in providing physical care for parents of the opposite sex, concerns regarding safety and comfort of parents in caregivers' absence, and concerns about continuing home care as dementia progresses. [12-13] In addition, amidst the various difficulties, social participation, social interaction, and social support for male family caregivers should be enhanced to prevent social isolation and caregiver abuse. [14] Therefore, as the total number of households reduces significantly owing to population decline, the situation of male caregivers should be a concern for all family caregivers, regardless of sex. In this study, 93% of family caregivers were middle-aged or older adults (87.4% were 40–60 years old and 5.6% were 70–80 years old), 90.4% cared for their parents and parents-in-law, and 70.2% worked full time. Previously in Japan, the main caregivers

were spouses, children, and children's spouses. [15] With the increase in the number of single-person households and two-generation households, the situation where older adults care for fellow older adults has continued. [16-17] The situation of family caregiving has been changing due to the promotion of “Community-Based Comprehensive Care Systems” and “Reform of Work Styles” that allow for a balance between work and caregiving. [18] Research has shown “lack of information necessary for caregiving” as a factor hindering work and “creation of a workplace where work and caregiving can be compatible and relaxed” as a factor ensuring continuity of work. To support the balance between work and caregiving, providing information to working caregivers at the early stage of care provision, is necessary. Moreover, establishing a system to support working caregivers in the workplace and to deepen their understanding about caregiving is important. [19] “Caregiving satisfaction” and “caregiver’s self-growth” were extracted as positive factors through factor analysis. Sakurai, [8] the developer of the scale, extracted three factors including “caregiving satisfaction,” “caregiver’s self-growth,” and “will continue caregiving”; however, this study did not identify “will continue caregiving” as a factor. When compared, two items, “Despite the hardships of caregiving, I will try to keep a positive outlook” and “I will take care of the older adult being cared for until the very end,” moved to “caregiving satisfaction.” Since 65.6% of the caregivers in this study provided care between 1 and 5 years, this may have influenced them not choosing “will continue caregiving,” as they did not feel much burden from their short-term care. “Caregiving satisfaction” is directly related to daily care, such as satisfaction with the relationship with the older adult, while “caregiver’s self-growth” is related to the caregiver’s own growth and outlook beyond the daily care situation, and these factors lead to continued care. In particular, “caregiving satisfaction,” may be effective

in reducing the burden on families that struggle with dementia caregiving, especially those who feel conflicted, constrained, and burdened by long-term care. Furthermore, regarding “caregiver’s self-growth,” the progressive nature of dementia compared with other non-progressive disease requires more effort and self-improvement from family caregivers as they need to anticipate what may happen in the future and deal with gathering the necessary information for caregiving.

In addition, a study on how older adults in the community think about their final days indicated that these older adults preferred to live at home if they needed nursing care. [20] When bereaved families and healthcare professionals were surveyed regarding their preferred place of death in the event of dementia, the study identified in both groups that those who valued relationships with family members preferred their homes. [21] Furthermore, a conceptual analysis of “family commitment” in supporting terminal-stage patients at home suggested the need for final family decision-making support for end-of-life care. [22] As described above, the challenge is providing the public with information on dementia care at home in advance and providing full support for end-of-life care. The results of this study suggest that the health status of family caregivers is significantly related to their mean positive caregiving scores. Family caregivers in good health also had a higher caregiving affirmation. Preventing the burden of caregiving on family caregivers from becoming more severe is important for older adults with dementia to enable them live a stable recuperative life at home and for as long as possible. In a study on caregiver pain, a high percentage of caregivers complained of pain in the lumbar and knee joints. Caregivers with pain were more likely to be affected by caregiving activities, suggesting a higher burden of caregiving and lower quality of life. [23] Families caring for older adults with dementia face not only physical pain but also a lot of emotional stress. According to

Okunaga et al, [24] family caregivers indicated “difficulty” coping with the early symptoms of dementia, “conflict” due to caregiving stress, and “friction” with public services and staff. They further pointed out that if dementia cafes could be used as a venue for family support interventions, they could contribute to reducing family caregivers’ stress and to improving their caregiving abilities. A study by Baba et al. [25] showed that family caregivers’ writing in a “Diary of Good Things about Caregiving” enhances the caregivers’ quality of life and positive evaluation of caregiving. In a study on the burden of caregiving for caregivers, those who visited older adults from a short distance to provide care, those in poor health, and those without help from other caregivers felt a sense of care burden. [26] Therefore, it is important to formulate supportive measures to maintain the physical and mental health of family caregivers who continue to provide care for older adults with dementia at home.

The study results suggest that the financial status of family caregivers is significantly related to their mean positive caregiving scores. Family caregivers with an annual income of 5 million JPY or more had a highly positive perception of caregiving. Since 73.2% of the family caregivers in this study had an annual income of less than 5 million JPY, those caregivers are predicted to experience a financial burden of providing care. A study on caregiving difficulties among sons caring for a mother with dementia indicated that sons who lived on their parents’ pension monies had concerns about their finances. [13] Financial distress was a contributing factor to caregivers’ negative perceptions about continuing care at home, as deprivation increases the difficulty of continuing care. [27] In addition, a study that revealed how the stress of family caregivers affected their care provision suggested that caregivers with financial burdens were more stressed but also retained a sense that they would continue to care for their loved ones. [28] To continue caring for older adults at home,

financial support from the government, follow-up of illnesses (especially dementia) by home nursing stations, and physical and mental support to reduce the burden on caregivers are considered necessary.

## CONCLUSION

This study was conducted through an internet survey to identify caregiving affirmation and influencing factors among family members caring for an older adult with dementia at home. After analyzing data from 198 respondents, two factors of positive appraisal were extracted: “caregiving satisfaction” and “caregiver’s self-growth.” “Caregiving satisfaction” may be effective in alleviating the burden on families who struggle with the challenges of dementia care, particularly those who feel conflicted, restricted, and overwhelmed by long-term caregiving. Notably, 93% of the caregivers in this study were middle-aged or older adults, and “caregiver’s self-growth” extended beyond daily caregiving tasks. This highlights the role of caregiving in fostering personal development, which offers prospects for caregivers. Furthermore, the caregiving family’s health and financial status emerged as important factors influencing the positive appraisal of family caregivers. This underscores the broader societal challenge of providing adequate support to caregiving families, in terms of both health preservation and financial stability.

### *Declaration by Authors*

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**Conflict of Interest:** The authors declare no conflict of interest.

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