

ปัจจัยที่ส่งผลต่อความสุขของญาติผู้ดูแลผู้ที่ติดสุรา

Factors Affecting Happiness among Family Caregivers of Persons with Alcohol Dependence

นิพนธ์ฉบับ

Original Article

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บทคัดย่อ

วัตถุประสงค์: เพื่อศึกษาความสุขและปัจจัยทำนายความสุข ได้แก่ การรับรู้ภาวะสุขภาพ การมองโลกในแง่ดี ความรอบรู้ด้านสุขภาพ ความสัมพันธ์ในครอบครัว และการสนับสนุนทางสังคม ของญาติผู้ดูแลผู้ที่ติดสุรา **วิธีการศึกษา:** เก็บข้อมูลจากกลุ่มตัวอย่างที่เป็นญาติผู้ดูแล จำนวน 116 คน โดยการสุ่มอย่างง่าย ให้ออกแบบสอบถามด้วยตนเองประกอบด้วยแบบสอบถามข้อมูลส่วนบุคคลของญาติผู้ดูแลและผู้ติดสุรา แล้วญาติผู้ดูแลตอบแบบสอบถามวัดการรับรู้ภาวะสุขภาพ แบบวัดการมองโลกในแง่ดี แบบวัดความรอบรู้ด้านสุขภาพ แบบวัดสัมพันธ์ในครอบครัว แบบวัดการสนับสนุนทางสังคม และแบบวัดความสุข โดยแบบวัดสำหรับญาติผู้ดูแลมีค่าสัมประสิทธิ์แอลฟาของครอนบาคเท่ากับ 0.80, 0.82, 0.80, 0.81, 0.82 และ 0.87 ตามลำดับ วิเคราะห์ข้อมูลด้วยสัมประสิทธิ์สหสัมพันธ์แบบเพียร์สันและการวิเคราะห์การถดถอยเชิงพหุคูณ **ผลการศึกษา:** ญาติผู้ดูแลมีค่าเฉลี่ยความสุขเท่ากับ 2.47 (SD = 0.46) จัดเป็นระดับต่ำ ปัจจัยทำนายที่ศึกษาสามารถร่วมทำนายความแปรปรวนของความสุขได้ร้อยละ 66.5 ($R^2 = 0.665$, P -value < 0.001) ปัจจัยที่มีอิทธิพลต่อความสุขอย่างมีนัยสำคัญทางสถิติ (P -value < 0.05) ได้แก่ การสนับสนุนทางสังคม ($\beta = 0.464$), การมองโลกในแง่ดี ($\beta = 0.337$) และความรู้ด้านสุขภาพ ($\beta = 0.142$) **สรุป:** ผลการวิจัยนี้ทำให้ทราบข้อมูลพื้นฐานเกี่ยวกับความสุขและปัจจัยทำนายความสุขของญาติผู้ดูแลผู้ที่ติดสุราและสามารถใช้เป็นแนวทางสำหรับพยาบาลด้านสุขภาพจิตในการพัฒนารูปแบบการพยาบาลเพื่อส่งเสริมความสุขในผู้ดูแลเหล่านี้ต่อไป

คำสำคัญ: ความสุข, ญาติผู้ดูแลผู้ที่ติดสุรา, การมองโลกในแง่ดี, ความรอบรู้ด้านสุขภาพ, การสนับสนุนทางสังคม

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Abstract

Objective: This cross-sectional study aimed to describe happiness and its predicting factors including perceived health status, optimism, health literacy, family relationship and social support among the family caregivers of persons with alcohol dependence. **Method:** The data were collected from 116 family caregivers. They were recruited using simple random sampling technique. Caregivers and persons with alcohol dependence filled the demographic information. Caregivers completed questionnaires of perceived health status, optimism, health literacy, family relationship, social support, and happiness. Questionnaires for caregivers had Cronbach's alpha coefficients of the 0.80, 0.82, 0.80, 0.81, 0.82 and 0.87, respectively. Pearson product-moment correlation coefficient and multiple regression were employed for data analyses. **Results:** Caregivers had a mean happiness score of 2.47 (SD = 0.46), classified as a low happiness level. These selected factors could predict 66.5% of happiness variance ($R^2 = 0.665$, P -value < 0.001). Social support ($\beta = 0.464$), optimism ($\beta = 0.337$), and health literacy ($\beta = 0.142$) were found to significantly predicted happiness (P -value < 0.05). **Conclusion:** The results could be basic information towards family caregivers' happiness and its predicting factors guiding mental health nurses to further nursing interventions for enhancing happiness among these caregivers.

Keywords: happiness, family caregivers of persons with alcohol dependence, optimism, health literacy, social support

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Introduction

Alcoholism has been a prime concern worldwide. According to the Global Status of Alcohol Report, alcohol use disorder (AUD) is responsible for 1.4% of the worldwide burden of disease.¹ Alcoholism can be regarded as a "family sickness" that affects many people. Family members of individuals with drinking dependence are often the primary caregivers and play a key role in making decisions regarding help-seeking, treatment, and their care recipients' recovery.² The family caregivers are significantly helpful in caring for persons with

mental health issues especially alcoholism. The family caregivers could assist patients in reducing or quitting their alcohol consumption. A study conducted by Statista³ found that among 17 million Thai drinkers, 35 percent of them whose age ranged from 15 years and over, consumed alcohol regularly. In addition, from the statistics of substance and drug addiction among the patients who received hospital rehabilitation at the Prasimahabodi Psychiatric Hospital⁴ from year 2015 to 2019, it was found that mental and

behavioural disorders were caused by substance abuse. These patients commonly received services as outpatients. The highest number of these outpatients was alcoholic patients, accounting for 64.67%, 61.64%, 52.58%, 50.04%, and 46.37%, respectively. The second highest number of patients were those who used substance/amphetamine, accounting for 16.75%, 18.89%, 26.16%, 29.11%, and 18.14%, respectively. The third highest number of patients was found among those who used multiple substances, accounting for 16.64%, 17.76%, 19.31%, 18.63%, and 19.30%, respectively. Approximately 60 - 68 cases of alcohol dependence patients per month received service at the outpatient department.⁴ During their times of follow-up, the irritable moods, stress, and poor self-care were usually reported and some of them were re-hospitalized, accounting for 44.84% of all the out-patient cases.⁵

After patients were discharged and returned to stay with their family members, these patients still come for follow-up at the hospital's outpatient department. Apart from receiving general medical care, assessing for alcohol deficiency, monitoring for medical adherence, and any possible alcohol withdrawal symptoms, providing supportive care and promoting awareness towards the harm of drinking are provided for these outpatients.^{6,7} The significant role of the family caregivers in helping their family member with alcohol dependence includes financial assistance, management of illness symptoms, and monitoring the patients to have continuous treatment.⁸⁻¹⁰ Having alcoholic relatives causes trouble to the family caregiver's in both personal and professional lives. It is a source of emotional and financial distress which affects these caregivers' lives.^{8,9,11}

This burden requires a lot of resilience and motivation on part of the caregivers in providing such exhaustive psych-social support for their family members with alcohol dependence especially when there are frequent relapses. Family caregivers play a critical role in supporting individuals who have alcohol problems. However, some are left to fend for themselves and ensure their safety. Family caregivers also deserve to have good physical and mental health to manage possible substantial care burdens. They also deserve the right to be happy and less worried. Happiness is one of the significant indicators reflecting the caregivers' psychological well-being and is worth investigating among the family caregivers for persons with alcohol dependence.

According to Argyle and Martin¹², happiness contains both cognitive and emotional components. The cognitive component is reflected by the individual satisfaction with his or her life. Whereas the emotion component contains both positive emotions such as being cheerful and delightful, and negative emotions such as depression and anxiety. Happy individuals would be those who have better life satisfaction and more positive than negative emotions. Happiness among caregivers of alcoholics is related to various factors including perceived health status, optimism, health literacy, family relationships and social support.¹²

Having good perception towards their health status would affect individual happiness. Caregivers with health problems are more prone to stress, which often occur if the caregivers are unable to control their health problems.¹³ They might feel threatened and frustrated, depressed, or unhappy. Some of them might end up using inappropriate coping methods that affect the quality of care and rehabilitation of the care recipients.¹⁴ Optimism is another factor that contributes to happiness among the family caregivers. The caregivers who hold positive expectations for the future and believe that good things would occur in their lives and tend to see desired outcomes as attainable and persistent in their goal-directed efforts are found to be happier. The caregivers who participated in individual counselling program for happiness enhancement reported greater happiness than before having this counselling.¹⁵

Health literacy is another significant factor that could predict happiness. It reflects the family caregivers' health competency and skills. Low health literacy among people with chronic health conditions was associated with poorer disease self-management.¹⁶ Positive relationships with their family members could also predict happiness. By having positive relationship with family members, this would affect the quality of care for the patients and proper coping methods.¹⁷ Perceived social support was also another significant factor affecting the family caregivers' happiness. Despite the difficult role of being the family caregivers of patients with alcohol dependence, the hardship role in taking care of patients with alcohol dependence could be alleviated if the family caregivers had good support in terms of the availability of information, and emotional and material assistance. Social support helps enhance quality of care and reduce the burden of care among the caregivers of patients with alcohol

dependence. Beneficial effects of social support on health outcomes were widely reported.¹⁸

Happiness was mostly explored among the caregivers of patients with chronic diseases such as dementia, and schizophrenia.^{19,20} These emphasized the need for conducting the studies focusing on happiness and its affecting factors among the family caregivers of patients with alcohol dependence. They deserved more attentions and care as well. The results obtained from this study could help generate baseline information regarding happiness as well as its predicting factors among family caregivers of persons with alcohol dependence. By knowing which factors could predict happiness, it could be used to further develop effective interventions for enhancing happiness by taking into account the significant predictors. This would, in turn, help promote quality of care provision and also the quality of life in both the patients and the family caregivers.

Specifically, this study aimed to 1) determine happiness among family caregivers of persons with alcohol dependence and 2) examine the relationship between happiness among family caregivers of persons with alcohol dependence with certain factors including perceived health status, optimism, health literacy, family relationships and social support. Accordingly, it was hypothesized that happiness among caregivers of persons with alcohol dependence could be predicted by caregivers' perceived health status, optimism, health literacy, family relationships and social support.

Methods

This predictive correlational study was conducted at the outpatient department of a psychiatric hospital in the Northeastern region of Thailand. The hospital provides treatment for psychiatric patients including patients with alcohol dependence. After hospitalization and returning home, persons with alcohol dependence still came for regular follow-up treatment. The study was conducted from April to July, 2022.

To be eligible, the participants had to be family members of patients with alcohol dependence who accompanied patients for follow-up. They had to be 18 to 59 years old, be primary family caregivers with unpaid care for persons with alcohol dependence, live in the same household with the persons with alcohol dependence, be the primary caregiver for at least one

month for the patient after receiving treatment and being discharged from the hospital, be willing to participate in the study. Family caregivers who had been diagnosed with mental health problems such as depression were excluded.

According to Burns and Grove²¹, power analysis for multiple linear regression was used to estimate the sample size. With a type I error of 5%, a power of 90%, and a medium effect size of 0.15²², a sample size of 116 participants was needed. The G*power 3.1.9.2 software was used to calculate the sample size.

Research instruments

The self-administered questionnaire consisted of 7 parts as follows. The first part collected demographic characteristics of persons with alcohol dependence and the family caregivers. For persons with alcohol dependence, the questions collected gender, age, educational level, marital and living status, religion, date of having alcohol dependence diagnosis, previous follow-up history, and other medical diseases diagnosed by physicians were collected. For family caregivers, the questions collected gender, age, marital and living status, educational level, their incomes, occupation, religion, relationships with the persons with alcohol dependence, number of the family members, average hours they spent in taking care for their care recipients per day, duration in taking role as a caregiver and underlying diseases.

For the second to seventh parts, internal consistency reliability was tested in 30 individuals with characteristics comparable to the study participants. The second part assessed Perceived Health Status. The questionnaire measured family caregivers' view of their health conditions in the past, present, and future, awareness of their disease resistance, illness susceptibility, anxiety, health concerns, and understanding of the illness. The maximum score was 40, while the least was 8 points. The perceived health status questionnaire had a good internal consistency reliability with a Cronbach's alpha of 0.85²³, and the Cronbach's alpha coefficient in this study of 0.80.

The third part assessed optimism using the questionnaire of Carver and Scheier²⁴ Thai version translated by Kulprasutidilok and colleagues.²⁵ This questionnaire examined caregivers' positive attitudes toward a situation or event, optimism about the future, and ability to adapt to changing circumstances. The items could be answered from 1-strongly

disagree to 4-strongly agree. The possible total score was 8 – 32 points where higher scores indicated higher optimism. The Cronbach's alpha coefficient of this study was 0.82, while the coefficient of the previous study was 0.93.²⁶

The fourth part assessed health literacy using the Health Literacy Questionnaire was developed by Srithanee.²⁷ The 15-item questionnaire were designed to measure health literacy on three components, namely information and health services access, health communication, and health media awareness. The response was a 5-point rating scale ranging from 0-rarely, 1-occasionally, 2-often, 3-quite often, and 4-regularly. The possible scores ranged from 0 - 60 points in which higher scores indicated better health literacy. Internal consistency reliability was high with a Cronbach's alpha coefficient of 0.94 in the past study²⁷ and 0.80 in this present study.

The fifth part assessed family relationships using the Family Relationship Questionnaire developed by Lawang et al.²⁸ This questionnaire contained 16 items with response format of 1-seldom, to 2-occasionally, 3-often, 4-rather often, and 5-regularly. Scores of negative items were reversed. The possible total scores ranged from 16 – 80 points where higher scores indicated better family relationship. Internal consistency reliability was high with a Cronbach's alpha coefficient of 0.90 in the last study²⁹ and 0.81 in this present study.

The sixth part assessed social support using the Personal Resource Questionnaire, part II (PRQ)³⁰ translated into Thai by Tungmophon.³¹ The questionnaire contained 15 items using a Likert-type rating scale.³² Internal consistency reliability was high with a Cronbach's alpha coefficient of 0.95³³ and 0.82 in this present study.

The seventh part assessed happiness using the Oxford Happiness Questionnaire in Thai version translated by Jetmanorom.³⁴ This measure contained 29 items with a 6-point Likert-type rating scale ranging from 1-strongly disagree, to 6-strongly agree with higher scores corresponding to higher happiness levels.³⁵ It can be categorized into three levels: a low level of happiness (1.00-2.67 points), a moderate level of happiness (2.68-4.34 points), and a good level of happiness (4.35-6.00points). The Cronbach's alpha in previous study was 0.82³⁵ and 0.87 in this study.

Ethical consideration for participant protection

This study was approved by the Institutional Review Board (IRB) from Graduate Studies (approval number: G-HS013/2564). Participants were assured they had the right to refuse or withdraw from the study at any time. Anonymity and confidentiality of family caregivers were also assured, and no personal information was disclosed to others. The result was reported as a summary not individual participants data.

Data collection procedure

The researcher checked the list of patients with alcohol dependence who came for follow-up service. The researcher approached their family caregivers and introduced themselves to the family caregivers. During the interview, the researcher kept wearing masks and social distancing for covid-19 procedure prevention. The researcher informed the family caregivers all relevant study details. The researchers ensured that the participants understood the research and process of data collection before signing the consent form. The researcher asked family caregivers of patients with alcohol dependence who voluntarily participated in this study to answer the questionnaires by themselves. Data were collected on the weekdays at the outpatient department of the psychiatric hospital. It took approximately 30 - 45 minutes to complete the questionnaire.

Data analysis

Descriptive statistics was used to describe general data of both the patients and their family caregivers. Pearson product-moment correlation coefficients for testing association among all study variables. Multiple regression analysis was used to determine the predictive power and its effects on happiness. Statistical significance was set at a type I error of 5%. All statistical analyses were performed using the SPSS software package version 20.0.

Results

Of the **116 persons with alcohol dependence**, they were 42.02 years (SD = 12.691) by average. The majority were men (88.80%), were married (40.50%) followed by single (39.70%), had elementary school education (45.69%), were unemployed (35.30%) and agriculturist (34.50%), resided with their spouses (31.90%) and with relatives (68.10%), were Buddhist (99.14%). They had an average income of 5m893.10 Baht per

month (SD = 7805.30), and a duration of diagnosis of alcohol dependence of 4.72 years (SD = 5.49).

Of the **116 family caregivers**, they were 49.37 years old (SD = 12.15) by average. The majority of them were women (64.66%), were Buddhist (99.14%), were married (75.00%), had elementary school education (50.86%), were agriculturists (56.06%), resided with relatives (60.34%) and their spouses (39.66%), were related to the patients as parents (31.03%) and spouses (22.41%). They had an average monthly income of 10,663.79 Baht (SD = 11031.55), an average time for taking care of the patients of 10.09 hours per day (SD = 7.27), and average duration of taking care of persons with alcohol dependence of 4.9 years (SD = 5.16).

For the happiness of the family caregivers, they had a mean score of points 2.47 (SD = 0.46) which was classified as a low level of happiness. About 68.10% had a low level of happiness, while the rest 31.90% had a moderate one (Table 1).

Table 1 Scores of happiness among the family caregivers (N = 116).

Variables	N (%)	Mean	SD	Range		Levels
				Possible	Actual	
Happiness (overall)	116 (100)	2.47	0.46	1 - 6	1.24 - 3.48	Low
Happiness levels						
High	-	-	-	4.35 - 6.00	-	
Moderate	37 (31.90)	3.03	0.21	2.68 - 4.34	2.69 - 3.48	
Low	79 (68.10)	2.2	0.2	1.00 - 2.67	1.24 - 2.62	
		1	6			

Mean scores of perceived health status, optimism, health literacy, family relationships, and social support are shown in Table 2.

Table 2 Mean scores of study factors related to the happiness (N = 116).

Variables	Mean	SD	Range	
			Possible	Actual
Perceived health status	25.62	3.96	8 - 40	14 - 35
Optimism	22.21	5.68	0 - 32	9 - 32
Health literacy	31.73	9.92	0 - 60	8 - 60
Family relationships	57.16	10.73	16 - 80	34 - 80
Social support	77.22	14.99	15 - 105	44 - 105

Caregiver's happiness had significant positive correlations with social support, optimism, family relationships, and health literacy in a descending order ($r = 0.745, 0.683, 0.501, \text{ and } 0.464$, respectively. $P\text{-value} < 0.001$ for all). Only perceived

health status was not significantly correlated with happiness ($r = 0.054, P\text{-value} > 0.05$).

All influencing factors together were found to significantly be associated with the happiness and could explain 66.5% of the happiness variance ($F = 46.690, P\text{-value} < 0.001$) (Table 3). The most significant predictors in a descending order were social support ($\beta = 0.464, P\text{-value} < 0.001$), optimism ($\beta = 0.337, P\text{-value} < 0.001$), and health literacy ($\beta = 0.142, P\text{-value} = 0.020$). The other two factors (perceived health status and family relationship) were significantly associated with the happiness (Table 3).

Table 3 The influence of factors affecting happiness (N = 116).

Variables	β	t	P-value
Perceived health status	0.085	1.546	0.125
Optimism	0.337	4.976	< 0.001**
Health literacy	0.142	2.365	0.020*
Family relationships	0.086	1.313	0.192
Social support	0.464	7.106	< 0.001**
$R^2 = 0.680; F(5, 110) = 46.690, P\text{-value} < 0.001.$			

* P-value < 0.05; ** P-value < 0.01.

Discussions and Conclusion

This study found that the mean happiness score among caregivers of persons with alcohol dependence was 2.47 points (SD = 0.46) which was classified as a low level of happiness. Possible explanations for the low level of happiness among these caregivers might be because of the nature of care recipients, persons with alcohol dependence in particular. Persons with alcohol dependence usually have irritability, aggression, and stubbornness. These possibly made the caregivers have difficulty in dealing with them. In addition, some of the persons with alcohol dependence are still unable to stop drinking alcohol which put their health and safety at risk. From recent qualitative studies, some caregivers reported lack of support and help in providing care for the persons with alcohol dependence.³⁶ Burden and perceived stigma were the main factors which had impacts on their happiness.³⁷ Furthermore, the caregivers themselves also need support for their works and their own times for interactions with others. Concerning patients' health, financial burdens, and even the family caregivers' health condition, these could make these family caregivers feel overwhelmed. The results showed that about 80% performed the role of caregivers for less than 5 years meaning that their care

recipients were in the early stage of alcohol rehabilitation. They are still in a period of transition and adjustment for their care giving roles.

The results of this study also showed that the average time the family caregivers spent in providing care for the patients was more than 10 hours a day. This would possibly cause the family caregivers to perceive more burden. Furthermore, these caregivers had the main occupations of labor and agriculture. These two careers were somehow in the group of people who had less education, earned less income and endured hard works. In addition, people in this group tended to have drinking behaviors due to daily stress accumulated with family and social problems, and earn low income. These all mentioned thus far, could possibly explain the low level of happiness found in this study.

The selected five factors could explain the variance of happiness by 66.5%. The significant predictors of happiness in descending order were social support, optimism and health literacy. In this study, social support was the strongest predictor. This is in line with previous studies which showed that social support helped family caregivers reduce stress by assuring family caregivers that support is available in times of stress and providing family caregivers with adequate support when required.³⁵ Significant and positive relationships between social support in informational and appraisal dimensions and happiness were also reported.³⁸ Social support also promotes the caregivers' self-confidence, self-disclosure, self-esteem, goal achievement, and life satisfaction. A recent qualitative research study found that 6 of 8 caregivers experienced significant life challenge such as the loss of their child or spouse. Experiencing such loss was contributed to the consumption of alcohol same as to their care recipients. Poor support and emotional and situational stressors also contributed to alcohol consumption due to their out-of-control stressors.^{39,40} This consequently impacts their happiness, especially in the context of family caregivers of persons with alcohol dependence.

Optimism was another factor that significantly predicted happiness among these family caregivers. Consistent with prior research conducted by Peterson⁴¹, optimism was associated with happiness. The high optimistic individuals have better moods, better physical health, and higher happiness. This was consistent with the study of Detchaiyot and colleagues²⁰, which found that optimism had a moderate

positive effect on psychological well-being ($\beta = 0.196$, P-value < 0.01). In addition, it was found that optimism had a moderate positive correlation with the psychological well-being of the elderly in Wang Nam Khiao District, Nakhon Ratchasima Province ($r = 0.20$, P-value < 0.001). The family caregivers who experienced and coped well with stressful events were able to pass through these difficulties as a result of their self-control and optimism.⁴²

Health literacy was the third strongest predictor of happiness among these caregivers. Health literacy entails people's knowledge, motivation, and competencies to access, understand, appraise, and apply health information to make judgments and make decisions concerning healthcare, disease prevention, and health promotion and improve quality of life.⁴³ It could help prevent health problems, and promote health management. Since minds and bodies are constantly interacting, having good health literacy would help the family caregivers have good management towards their health and these would make them have more happiness compared to those with poor health literacy. Health literacy helps increase sense of purpose in life and life satisfaction and might causally prevent morbidity and mortality.⁴³ Persons with sufficient health literacy reported better quality of life and positively correlated with happiness ($r = 0.261$, P-value < 0.01).⁴⁴ All mentioned thus far emphasize the contribution of health literacy on happiness among persons with alcohol dependence.

In this study, perceived health status of family caregivers and family relationships did not significantly predict happiness. The possible reasons might be that there are less variation of response in terms of perceived health status and family relationships. In this study, the majority of the family caregivers reported good health status since the majority of them are in the adult age group with an average age of 49.37 years and 78.45% of them reported no underlying medical disease. Furthermore, the assessment of perceived health status examined in this study did not clearly distinguish between the physical and psychological aspects. According to Nidhi and Basavareddy⁴⁵, physical well-being was not affected to the great extent among most family caregivers, but it did with psychological components such as concentration, remembering, affliction, anguish over diagnosis, treatment, and general psychological health.

These were also applied to family relationship factor which also was not significantly associated with happiness. The majority of these caregivers reported good family relationship. They resided in the provincial area that had more extended family in which the family members lived together. This study found that 37.94% had 4 family members living together. It is consistent with a previous study showing that the majority of family in their study (46.2%) were considered as extended family in which more than 4 people living together including father-mother and children.⁴⁶ With less variation of the sample in terms of perceived family relationships, these might contribute to non-significant effect of family relationship on happiness.

This is an initial study which emphasized on describing happiness and its predictors among family caregivers of persons with alcohol dependence. The implications of the study findings are that it provided basic information regarding happiness and its predicting factors among the family caregivers of persons with alcohol dependence. This study raised awareness towards the situations not only of the persons with alcohol dependence but also those who care for them. Knowing that social support, optimism and health literacy could predict happiness, interventions that enhance these significant factors should be developed. Results obtained from this can be used to develop further research in testing the effectiveness of happiness enhancement program by taking into account the significant predictors.

This study has some specific limitations. First, the sample was drawn from one setting of one psychiatric hospital. Thus, its generalizability to other settings and cultures in different regions may be limited. Second, while the cross-sectional design could provide a quick look at the association at a particular time, it cannot demonstrate cause and effect. Third, the number of participants was limited to those who came for follow-up at the hospital. Those with loss follow-up and poor prognosis should be a target as well.

In conclusion, caregivers of persons with alcohol dependence had a mean score of 2.47 points (SD = 0.46) which was classified as a low level of happiness. Among the family caregivers, 68.10% of them had happiness at a low and 31.90% at a moderate level. For predicting factors of happiness including perceived health status, optimism, health literacy, family relationships, and social support, these factors could together explain variance of happiness by 66.5%. The

significant predictors, in a descending order, included social support ($\beta = 0.464$), optimism ($\beta = 0.337$), and health literacy ($\beta = 0.142$) with P-value < 0.01; perceived health status and family relationship were significantly associated with predict happiness among these family caregivers.

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