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The Influence of a Caregiver Support Program on Consumer Well-Being

Wallace Thomas Peake
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Walden University

College of Health Sciences and Public Policy

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Wallace Peake

has been found to be complete and satisfactory in all respects,
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Walden University
2024

Abstract

The Influence of a Caregiver Support Program on Consumer Well-Being

by

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MSW, Johnson C. Smith University, 2018

BSW, Johnson C. Smith University, 2020

Professional Administrative Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Public Administration

Walden University

August 2024

Abstract

Caregiving has been shown to be a potential burden for the well-being of caregivers. The focus of this study was a caregiver support program whose managers lacked an understanding of the efficacy of the program in enhancing the well-being of the consumers of the program. The purpose of this quantitative study was to develop and administer a consumer satisfaction survey that evaluated the efficacy of caregiver support program services from the consumer perspective. This study was grounded by the positive emotion, engagement, relationships, meaning, and accomplishment model, which informed the development of the survey that was administered to the participants who had been in the caregiver support program for at least 2 weeks. There were 38 valid survey responses, and the collected data were analyzed using means and frequency distribution tables. The findings of the study revealed that overall, the consumers of the caregiver support program viewed the well-being derived from the services provided by the client organization as slightly above average. Regarding specific aspects of well-being, the consumers of the program reported moderate well-being scores in both mental and spiritual well-being. However, slightly below average scores were reported for physical well-being. Based on the findings, there is a need to invest more in the physical well-being needs of the consumers of the program. The results of this study will help the client organization channel its resources to departments that require more focus, which will ultimately contribute to positive social change by enhancing the caregivers' quality of life and the quality of life of those they are caring for.

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Dedication

This study is dedicated to the memory of my late parents, grandparents, and great-grandmother who all now reside in heaven. My Mother and Father, Wallace and Lorraine, for without them none of this would be possible. My Grandparents Jean and Jones Bradberry for keeping me on the straight and narrow path that has led me thus far. To my Great-Grandmother, Annie C. Gladden, “Mama,” for believing in me even when I didn’t believe in myself, for teaching me the works of faith, and for your endless love that extends even beyond heaven. To my precious daughter, Gianna Reign, I love you with everything in me, and I pray that I have made you proud by embarking on this journey during the first years of your life. To my caring, supportive, and loving fiancé, Gwendolyn, I couldn’t have done this without you. Thank you for holding it down these past two years and helping me to make this happen for us.

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Section 1: Introduction

Caregiving has been shown to be a potential burden for the well-being of caregivers (Vos et al., 2023). Some researchers have also found a positive association between the burden of people who look after chronically ill patients and the extent of support the caregiver(s) obtain from their respective families (Hall et al., 2022). This is an indication that caregivers deserve more attention and care to improve their well-being, which has also been linked to primary stressors (Verbakel et al., 2018). Furthermore, it has been determined that there is a relationship between the roles of caregivers in looking after their loved ones and the mental and spiritual well-being of these caregivers (Davidson et al., 2020; Spatuzzi et al., 2018).

In this professional administrative study (PAS), I addressed the organizational problem of managers of a caregiver support program lacking an understanding of the efficacy of the program in enhancing the well-being of the program's consumers. As such, there was need for a program evaluation to determine the impact the program has on the organization's clients as well as particular areas, services, and features of the program that may have required improvement.

In this section, I introduce the study; describe the organizational background; provide the problem statement, purpose statement, and definitions of main concepts pertaining to the study; and discuss the study's significance. The section ends with a brief summary.

Organization Background and Problem Statement

The client of this PAS was a nonprofit in the United States. The mission of the organization is to provide resources and support to caregivers caring for their loved ones at home opposed to nursing facilities. This organization primarily serves consumers providing care to the aging population, specifically individuals living with Alzheimer's. There was a need to make informed decisions on mobilization and allocation of resources to different areas of service within the organization. The client organization had only been in existence for 4 years and consumer satisfaction had never been measured.

The management of the caregiver support program did not have a clear understanding of how particular segments of the support program impact their clients. The well-being of caregivers is a great concern, especially considering that research has linked caregiving to some degree of burden on caregivers (Davidson et al., 2020; Hall et al., 2022; Spatuzzi et al., 2018; Verbakel et al., 2018; Vos et al., 2023). Davidson et al. (2020) showed that caregivers exhibited worsened symptoms as a result of aspects like self-confidence to take care of familial needs. According to Spatuzzi et al. (2018), caregivers' quality of life is directly proportional to the levels of their spiritual well-being.

Thus, carrying out a consumer satisfaction survey on the outcomes of the client organization's services provided insights that gave the managers a better understanding of the program's efficacy. The results of the consumer satisfaction survey could also influence the creation of additional services that may need to be provided in the future. I presented the findings of the current study to the managers of the client nongovernmental

organization (NGO) in the form of three deliverables: the completed PAS, a brief one-to-two-page summary of the study results, and a PowerPoint presentation. The deliverables included the strengths and weaknesses of the program as noted by the study and my recommendations.

Purpose

The purpose of this quantitative study was to develop and administer a consumer satisfaction survey to evaluate the efficacy of the client NGO's caregiver support program services from their consumers' perspective. With this information, the management of the client organization were in a better position to understand the impact of the program and make informed decisions on the allotment of resources to the various segments of the organization. The following research question guided this study: How do the caregiver consumers of the nonprofit organization view the services provided?

Upon addressing this research question, I presented three deliverables to the clients to outline the findings of the study: (a) a copy of the completed and published PAS that contains all the details and procedures of the study,; (b) a brief one-to-two page summary of the study results, including a description of the data collection and analysis procedures, study findings, and my recommendations that was meant both for the management of the organization and for the organization's clients (who were the actual people who participated in the survey); and (c) a PowerPoint presentation that was delivered to the management of the client organization and included a summary of the PAS but that was focused on underscoring the strengths and weaknesses associated with the efficacy of the caregiver support program together with my final recommendations.

Summary of Data Sources and Analysis

I used a cross-sectional, survey research design to address the research question in this study. I developed the survey that was administered to evaluate the outcomes of the caregiver support program from the perspective of the consumers of the program. Specifically, the survey was used to collect data on the consumers' levels of satisfaction derived from the caregiver support program services (i.e., mental, spiritual, and physical). The survey was aligned to the five elements of the positive emotion, engagement, relationships, meaning, and accomplishment (PERMA) model. The holistic approach of this model mirrored the focus of the organization's aspects of the caregiver support program. I also incorporated the five statements of the World Health Organization's (WHO; 1998) WHO-5 Well-Being Index in the creation of the survey. The WHO-5 Well-Being Index is a precise and positively worded scale used to measure people's well-being. The consumers of the caregiver support program completed the survey. Data were analyzed using the Statistical Package for Social Sciences (SPSS) software to calculate descriptive statistics of mean and standard deviation. Frequency distribution tables were also generated for the demographic characteristics and survey items.

Definitions

Caregivers: People who provide palliative care to the patients. Informal caregivers are family members that take care of their loved ones and offer a wide array of services, which include but are not limited to paying bills; cooking; running errands; cleaning; buying groceries; encouraging patients; and carrying out daily activities, like feeding, bathing, and dressing (Aguirre, 2018).

Caregiver support: The affirmative answer to improve the caregiver's quality of life. Caregivers often suffer from the negative impact of taking care of patients requiring palliative care. Taking care of such patients brings about illness; therefore, this support gives attention to caregivers and round-the-clock aid. Caregiver support is a service provided to caregivers that acts as a buffer to their burdens and, in turn, improves caregivers' quality of life (Aguirre, 2018).

Well-being: The mental state of feeling content and happy, enjoying relatively good mental and physical health, and developing a positive attitude (Rios, 2023). In this study, well-being was measured along constructs from the PERMA model (see Seligman, 2018).

Significance

This study was significant in a number of ways. The consumer satisfaction survey findings can help the organization make informed decisions as it pertains to the effectiveness of services offered. This data is also helpful for the organization as it moves towards creating partnerships and soliciting grant funding from outside sources. The findings of this study provide crucial information to policymakers, health care providers, and caregivers support groups on the critical role of caregivers' support in facilitating excellent outcomes for caregivers. This study could possibly influence consumer-directed personal assistance government programs as it pertains to the allowances and funding limits permitted through Medicaid. In addition, the outcomes of this study could encourage the creation of dedicated resources and treatments arrangements geared at improving the well-being of caregivers, which would, in turn, contribute to positive

social change by enhancing caregivers' quality of life and the quality of life of those they take care of.

Summary

In this section, I introduced the PAS and my aim of evaluating the efficacy of the client organization's caregiver support program services from the perspectives of the consumers. The focus of this PAS was a nonprofit organization whose mission is to provide resources and support to caregivers caring for their loved ones at home. The findings of this study can enable the leadership of the client organization to make informed decisions pertaining to the effectiveness of the services offered. In Section 2, I discuss the conceptual framework of the study and provide a review of relevant literature.

Section 2: Conceptual Framework and Relevant Literature

Introduction

Providing care to individuals in need, whether due to aging, illness, or disability, is a substantial responsibility that often falls on the shoulders of caregivers. These dedicated individuals play a crucial role in supporting the well-being of their care recipients; however, the demands of caregiving can have profound implications for the caregivers themselves (Bernabéu-Álvarez et al., 2022). As a result, caregivers seek the services of human service programs, such as caregiver support programs, to cope with their situations. The dynamic between caregiver and care recipient, the associated stress, and the overall well-being of caregivers have all been subjects of extensive research and policy interest to understand the influence of the programs on enhancing caregivers' well-being.

Caregivers' well-being has become more important due to the significant role caregivers play in health care and social service systems (Soto-Rubio et al., 2022). Numerous support initiatives have been established to reduce caregivers' burdens. Sousa et al. (2022) explored many of these interventions, including respite care, counseling, educational resources, and peer support groups, that are aimed at improving beneficiaries' care and caregivers' emotional, physical, and spiritual well-being. Research has shown that the provision of caregiver support programs is associated with the well-being of people who consume services of these programs. Bernabéu-Álvarez et al. (2022) and Yu et al. (2019) found that emotional stress affects caregivers' caring abilities. Individual's emotional well-being determines the ability to deliver consistent and high-

quality care. Reinhard et al. (2008) also found a link between caregiver well-being and patient physical health. Caregivers with physical health issues may struggle to give care (Sitges-Maciá et al., 2021). Therefore, caregiver support programs are essential for addressing well-being difficulties because these programs provide caregivers with tools to manage stress and emotional issues, prioritize their health, and maintain their capacity to offer excellent care (Zhang & Joycey, 2015).

Furthermore, Smith et al. (2019) emphasized the interconnectedness between the well-being of caregivers and care recipients. When caregivers experience improved well-being, this will probably benefit the caliber of care they provide. The interdependent nature of caregiver well-being and the quality of care they provide emphasizes the significance of evaluating the efficacy of caregiver support initiatives. According to Sitges-Maciá et al. (2021), it is essential to comprehend how these programs contribute to improving caregiver well-being since this knowledge is significant for caregivers and wider health care and social service systems. Enhanced caregiver well-being can enhance the quality of care, reduce health care costs, and increase satisfaction among caregivers and care recipients (Smith et al., 2019).

Since their major goal is to meet caregivers' broad and complicated needs, caregiver support programs are essential to a healthy caring system. In this literature review, I examine the various dimensions along which consumers of caregiver support programs experience support, including emotional, social, and practical support. Examining the available literature can provide valuable insights into the effectiveness of

these programs in enhancing caregivers' well-being and providing better services to the public.

In this literature review section, I discuss literature that is related to the scope of this study. I present the literature search strategy, explore the conceptual framework of the study, and discuss the key variables used in this study.

Literature Search Strategy

I located the available literature on caregiver support programs, human service programs at large, caregivers as consumers of caregiver support programs, and the PERMA model that grounded this study. The following databases were searched for relevant literature: ACM Digital Library, PubMed, Taylor & Francis Online, SAGE Journals, Taylor & Francis Online, Wiley Online Library, SpringerLink, and Social and Management Sciences. Besides these databases, I also searched Google Scholar to gather more journal articles relevant to this study. The following keyword search terms were used in the searches: *caregivers' support*, *well-being*, *consumers*, *human service programs*, *PERMA model*, and *customer perspectives*.

Conceptual Framework

This study was grounded by the PERMA model developed by Seligman (2011). The model was created to measure and manage the development of well-being in various environments. Seligman described the PERMA model as a framework onto which well-being can be built. Seligman grouped together five factors, from which the first letters formed the mnemonic PERMA (i.e., positive emotions, engagement, relationships, meaning, and accomplishment). Positive emotions, the first element of the model,

comprises of feelings like happiness, joy, love, and excitement (Seligman, 2011). From Seligman (2011)'s perspective, positive emotions come across via happy, cheerful, and calm mannerisms. Engagement is a subjective element that refers to the extent to which an individual is absorbed in the things they are involved in. The next element, relationships, is centered on the ability of an individual to connect with other people meaningfully. Being in a good place relationship wise is characterized by mutual love and appreciation with other people. Meaning refers to the feeling that an individual is in a journey or purpose that is greater than themselves. Accomplishment is the sense of achieving certain life goals (Butler & Kern, 2016). In the current study, I administered a consumer satisfaction survey to help show the views of the consumers on the client organization's caregiver support program and areas that may need more emphasis to help support the caregivers participating in the program.

The connection between the current study and the PERMA model is the focus on people's well-being. Consumers of the caregiver support program provided their views on the impact of the program on their well-being in different aspects of their lives. I used the PERMA model to guide the collection of data for this study in that the survey that was used to collect data was a reflection of the five elements of the PERMA framework.

The adaptation and validation of the PERMA-Profilier scale in Brazil affirmed the model's cross-cultural applicability, emphasizing its capacity for diverse well-being assessments. de Carvalho et al. (2023) focused on adapting and validating the PERMA-Profilier scale for the Brazilian context. After translation and back-translation procedures, the authors applied the instrument to 1,327 Brazilian adults, revealing that the five

intercorrelated factors of the PERMA model provided the best fit. Confirmatory factor analysis supported the model's validity, and positive correlations were found between the PERMA model and various well-being indicators, establishing the scale's reliability for use in Brazil.

In the United Arab Emirates, D'raven and Pasha-Zaidi (2016) explored the alignment of happiness descriptions provided by Emirati university students with the pathways of the PERMA model. They found that the descriptions overlapped with the model's pathways in culturally consistent ways. The PERMA model effectively highlighted opportunities and challenges for intervention in the United Arab Emirates, suggesting its applicability in identifying areas of development within different cultural contexts (D'raven & Pasha-Zaidi, 2016). Their study emphasized the model's capacity to transcend cultural boundaries and offer valuable insights for well-being enhancement.

The development of a Greek adaptation of the PERMA Profiler confirmed its capacity to be used across many cultures, showcasing its high level of reliability and validity. Pezirkianidis et al. (2021) expanded the cross-cultural investigation of the PERMA model by developing the Greek adaptation of the PERMA Profiler questionnaire. The authors used confirmatory factor analysis to validate the first-order five-component structure of well-being in a sample of 2,539 adults. The Greek iteration exhibited strong reliability, indicated convergent validity with well-being measures, and showed discriminant validity with psychiatric symptoms and negative emotions (Pezirkianidis et al., 2021). The five-factor model, which is intercorrelated, was shown to be the best suitable statistical model for accurately representing the data (Pezirkianidis et

al., 2021). This model highlights the multidimensional aspect of well-being, as suggested by the PERMA model. Wammerl et al. (2019) conducted research to validate the PERMA-Profiler across different cultures and proposed using this screening tool to measure well-being among German-speaking adults. These studies emphasized the significance of modifying the PERMA model to suit various language and cultural settings, demonstrating its strength in assessing well-being across varied groups (Pezirkianidis et al., 2021; Wammerl et al., 2019).

Ghannam et al. (2023) utilized the PERMA model to study depression and well-being in the form of Jordanian school-age teens' mental health and happiness and melancholy. They found that among 625 teens, depression was modestly related with well-being, with connection being most significantly associated. Women in their study reported more depression, whereas male participants had better well-being. Their study highlighted the importance of the PERMA model in understanding adolescent well-being and its potential role in mental health early intervention and prevention (Ghannam et al., 2023). Their study also showed the model's adaptability to different age groups and its importance in addressing mental health concerns in different cultures.

The PERMA model demonstrates significant potential in enhancing various aspects of well-being and mental health across diverse populations. Turner et al. (2023) used the PERMA model to examine child well-being, resilience, and mental health. Out of 20,128 papers, the author analyzed 190. In primary school kids, PERMA model components improved well-being, resilience, and mental disease symptoms. Sadeghi et al. (2021) compared the PERMA model to integrative-behavioral couple therapy on

reproductive difficulties in infertile couples. Cognitive and behavioral therapy may enhance the well-being of couples with fertility concerns, as both the PERMA intervention and integrative-behavioral couple therapy reduced reproductive disorders. From children's mental health to fertility, the PERMA model promotes well-being and has the capacity to guide therapies and improve life satisfaction (Sadeghi, 2021; Turner et al., 2023).

The application of the PERMA model in health-related contexts demonstrates its potential to significantly reduce negative emotional states, enhance overall well-being, and improve the quality of life for individuals facing serious health challenges. Fang et al. (2023) examined the quality of life of 82 breast cancer patients after a positive psychological intervention based on the PERMA paradigm. Their results implied that the PERMA model improves the well-being of people with serious health issues. Tu et al. (2021) examined how the PERMA framework for positive psychological intervention affected the negative mood, cancer-related weariness, and hope in lung cancer treatment patients. The intervention increased Post-Traumatic Growth Inventory ratings and decreased Self-rating Anxiety Scale (SAS) and Self-rating Depression Scale (SDS) scores in the observation group compared to the control group in a 100-patient study. Their study suggested that the PERMA model helps improve emotional and fatigue states and boost optimism in chemotherapy patients.

Using Seligman's PERMA paradigm, specifically multidimensional PERMA model, Kun et al. (2017) created a 35-item Work-Related Well-Being Questionnaire to measure employee well-being. Their study of 397 workers validated the five PERMA

components and a negative mood element. The multidimensional well-being evaluation influenced workplace well-being policies and practices.

Wagner et al. (2020) examined character traits and PERMA model dimensions intending to fill a knowledge gap on how character strengths, which are highly valued traits, affect the PERMA framework's numerous well-being aspects. All character attributes correlated positively with each PERMA dimension in two cross-sectional studies of 5,693 people. Note that different dimensions correlated with different character traits (Wagner et al., 2020). Perspective, determination, and excitement indicated success, whereas collaboration, love, and compassion suggested better relationships. These findings showed the complicated relationship between character strengths and PERMA model features, providing insights for building strengths-based, individualized therapies.

Donaldson et al. (2021) conducted a study to determine if the five PERMA building blocks and four possible building blocks (i.e., physical health, attitude, environment, and economic security) could predict subjective well-being. They collected data from 220 pairs of informed coworkers. Even after correcting for self-report and mono-method bias, all nine building components significantly affected subjective well-being (Donaldson et al., 2021). The PERMA model can reliably predict well-being even when considering elements beyond the five dimensions, as shown by their empirical data.

Bartholomaeus et al. (2020) examined the psychometric features of the popular well-being measure PERMA Profiler. In a large Australian adult sample, the authors investigated the Profiler's component structure, scale reliability, and convergent and discriminant validity. Their results supported a second-order component structure,

indicating that the five PERMA model elements are first-order factors that contribute to one overall well-being factor. Most subscales of the Profiler were reliable, proving its well-being assessment value. Their study helps academics and practitioners understand the PERMA Profiler's strengths and weaknesses.

Ayse (2018) concentrated on the Turkish PERMA Well-Being Scale adaption and its validity and reliability. The author tested the customized scale (i.e., the 23-item, eight-dimensional measuring instrument) with university students and found high goodness of fit indices after confirmatory factor analysis. The scale's linguistic validity was supported by considerable positive correlations between the English and Turkish variants. The PERMA Well-Being Scale also correlated positively with subjective and psychological well-being assessments, proving its criterion validity. Ayse developed a culturally appropriate and validated well-being instrument for the Turkish population.

The psychometric validity of the PERMA-Profiler in varied student demographics, such as student veterans, has been studied. Umucu et al. (2020) tested the PERMA-Profiler on 205 student veterans from U.S. colleges. The exploratory factor analysis found two factors: emotional and performance character strengths. The research found the PERMA-Profiler to be a multidimensional scale with strong reliability and convergent, divergent, and criterion-related validity. This validation improves student veterans' well-being assessment, benefiting academics and practitioners.

Tansey et al. (2018) used the PERMA framework to examine disabled college students' life adjustment, especially Science, Technology, Engineering, and Mathematics (STEM) students. PERMA measurement model support for a one-factor

solution was discovered in 97 college students with impairments. Importantly, PERMA was inversely connected with college difficulty and favorably correlated with college achievement. The study found that the PERMA model assists in understanding the well-being of students with disabilities and mediates the association between functional impairment and life happiness (Tansey et al., 2018). These results demonstrated the PERMA model's applicability in studying well-being and college adjustment for disabled individuals.

The PERMA hypothesis of well-being in mentally ill veterans was examined by Umucu (2021). Multiple models were tested using confirmatory and hierarchical factor analysis. It was found that a re-specified second-order model suited best. In mentally ill veterans, the PERMA-Profiler scale had good internal consistency and concurrent validity. It helped rehabilitation counseling doctors and academics measure well-being in veterans with mental diseases by explaining the PERMA theory of well-being in a particular demographic.

Kovich et al. (2023) used PERMA for undergraduates. Confirmatory factor analysis verified the construct validity of all five PERMA components in the 2018 Purdue University Student Experience survey. The second-order PERMA well-being construct was strongly affected by all five constructs. The research showed that accomplishment and relationships contribute to undergraduate students' well-being.

During the worldwide COVID-19 epidemic, Morgan and Simmons (2021) addressed university students' mental and physical health problems. The authors created and conducted an 8-week online well-being program based on positive education

frameworks, notably PERMA. The program introduced well-being principles, built community, and gave students tools to enhance their well-being. The research showed that the PERMA model could adapt to pandemic problems, underlining the role of positive education in helping students' mental health amid crises (Morgan & Simmons, 2021).

Empirical research by Kern et al. (2015) examined the multidimensional PERMA model and student well-being. The study comprised 516 Australian 13–18-year-old boys. The criteria theoretically related to PERMA were chosen from a thorough well-being evaluation. The factor analyses showed four PERMA components, validating the model's multidimensionality. The study examined how these well-being factors affect happiness, hope, gratitude, and school participation. The findings showed that the PERMA framework can thoroughly understand and improve student well-being in educational settings.

Ryan et al. (2019) psychometrically assessed the 15-item self-report PERMA Profiler. A study of 439 Australian adults examined the tool's internal consistency, convergent validity, and factorial structure. Except for the Engagement subscale, the PERMA Profiler scores and subscales have good internal reliability. The study found minor correlations between PERMA Profiler well-being assessments and subjective characteristics, including melancholy and anxiety. The research had trouble replicating the predicted data structure. Despite variable findings, the PERMA Profiler has strong internal consistency, suggesting that it may be used to evaluate subjective well-being.

Watanabe et al. (2018) applied the PERMA model to Japanese workplaces. The authors examined Japanese staff members' reliability and accuracy to verify the Workplace PERMA-Profiler. The model was effective and reliable, showing its effectiveness in determining workplace well-being. In addition, Choi et al. (2019) conducted a study investigating how Korean staff members used the PERMA model. The author used 316 Korean employees and found the model effective and reliable. These studies revealed that the PERMA model can enhance workplace well-being across countries.

Farmer and Cotter (2021) used Seligman's PERMA model to study well-being and cooking behavior. In the face of rising psychosocial distress and industrial food production in the United States, the authors suggested that cooking, an essential human activity, can promote positive emotions, engagement, relationships, meaning, and accomplishment, improving well-being. The authors advocated for additional study on cooking's psychological advantages, rather than only its nutritional ones.

Ascenso et al. (2018) examined classical musicians' mental health, noting the link between music professions and mental illness. This study employed Seligman's PERMA model to characterize musicians' optimum functioning, unlike earlier negative findings. The 601 professional classical musicians scored well on all PERMA parameters. Interestingly, musicians scored better on positive mood, connections, and significance than the general population. This positive functioning viewpoint offered a potential glimpse into classical musicians' well-being, disputing the idea that their career is mentally demanding.

Lee et al. (2017) promoted well-being in Australian classrooms using music. Following the PERMA paradigm, the research examined 17 effective music programs to see how they achieved good emotions, engagement, connections, purpose, and achievement. The well-being approach emphasized connections, and the research stressed the need of student, teacher, staff, and community collaboration for program effectiveness. School leaders' participation in offering musical engagement and recognizing it was crucial to favorable results.

The PERMA model describes well-being factors. The concept has been used in staff management, primary school children's mental health and resilience, geriatric remembrance, and school-age teenage well-being. The PERMA model has been found to have positive effects on well-being, including reducing symptoms of mental illness and promoting positive aging.

Literature Review for the Study

Through the review of relevant literature, five main concepts associated with the caregivers' support programs and consumer well-being were unveiled. These include: caregiver support programs and their roles, human services programs in the United States, consumer perspectives and satisfaction with human service programs, funding of human service programs in the United States, challenges facing human service programs in the United States, the management of human service programs, and consumer well-being.

Caregiver Support Programs and Their Roles

Caregiver support programs play a crucial role in addressing the needs of unpaid family caregivers. These programs aim to alleviate caregiver burden, enhance competence and confidence, and provide support in various areas. A qualitative study by Hosseini et al. (2022) emphasized the significance of caregiver training programs in alleviating caregiver burden. They implemented an online training course with specific modules designed to create a Caregiver Action Plan, effectively raising caregiver competence and confidence. Older caregivers, in particular, face unique challenges and vulnerabilities due to their age and underlying health risks, as discussed in the study by Petry et al. (2022). This study recommended various forms of support, such as community health workers and direct compensation, to assist these caregivers in their roles as they age.

Moreover, caregivers' effectiveness in providing care is closely tied to their training level, as Finn (2020) highlighted. Training family and professional caregivers ensures they have the ability to offer high-quality care. Papadakos et al. (2022) found that most caregiver programs concentrate on psychoeducational training, but more comprehensive programming is needed to meet all caregiver requirements. Well-designed training programs may boost caregiver competency, minimize burnout, and improve care.

Comprehensive caregiver support programs offer various invaluable services, with caregivers expressing the most value in financial assistance, training for symptom management, and guidance in navigating their well-being. The Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers provides various

services, but caregivers value financial support, symptom management training, and healthcare system navigation the most (Smith et al., 2019; Sperber et al., 2018). Van Mierlo et al. (2012) showed psychosocial treatments improve caregiver well-being. This stresses the need to personalize support programs for caregiver subgroups (Smith et al., 2019). Their stories demonstrate the relevance of multidimensional assistance for caregivers and its influence on their well-being.

Caregiver support programs have a positive impact on caregivers and care recipients. A qualitative study by Slatyer et al. (2019) explored the experiences of informal caregivers participating in the Further Enabling Care at Home program and found that the Further Enabling Care at Home program helped caregivers navigate complex health and care systems, ultimately improving their confidence and ability to provide care. In addition, Vinsur et al. (2023) revealed that when family caregivers receive support, they significantly enhance the quality of care for older people. Caregiver support programs lead to tangible improvements in the care provided, which is particularly relevant for the care recipient.

Collaborative efforts between clinicians, educators, and healthcare systems are necessary to create accessible and equitable caregiver support programs that go beyond addressing psychological aspects of care (Finn, 2020). These programs should encompass a broader range of support, including early education, planning for future care, navigating healthcare systems, peer support, self-care, and coping with emotional burdens.

Human Services Programs in the United States

Human services programs in the United States have been found to be effective in addressing clients' needs and promoting positive outcomes. These programs aim to enhance well-being, economic mobility, and social support (Mosley & Smith, 2018). These programs address a variety of issues and maximize opportunities. Social capital, which includes linkages, networks, and interpersonal contacts, improves recipients' well-being and economic mobility in human services programs. The U.S. Department of Health and Human Services (n.d) emphasized using social capital to achieve these goals. Building social capital to strengthen human services programs is highlighted by this method, which emphasizes linkages, addressing inequities, and connecting with organizations.

The convergence of healthcare and human services is an emerging phenomenon in the United States. Fichtenberg et al. (2020) performed a comprehensive analysis to evaluate the efficacy and execution of integration initiatives. The authors stressed the necessity for public health, health care, and human services to address the multiple health determinants. Mosley and Smith (2018) found that human services agencies in the United States face evolving expectations for effect, efficacy, and performance. In this case, these program's functions and effectiveness should be examined more thoroughly. Integrating various programs is necessary to improve health outcomes, reduce health inequities, and lower healthcare costs.

Human services programs in the United States play a crucial role in addressing individuals' and communities' social and welfare needs. A study by Fletcher and Walker

(2023) explored the role of human service programs in supporting the well-being of rural residents. Human services can improve health care systems, and rural healthcare providers and human services programs can work together to meet unmet needs, emphasizing the community's close-knit nature as a valuable resource (Fichtenberg et al., 2020; Fletcher & Walker, 2023). Furthermore, Morris and Morris (2019) examined the efficacy of formal human services, including health care, caregiving, and community support, in assisting individuals inside the community. The authors proposed the need to implement meticulously designed human service programs in order to enhance the overall welfare of individuals. Hence, human service programs within the United States play a crucial role in resolving societal needs and promoting the general welfare of communities.

Human services programs in the United States are important as they serve as a crucial mechanism for treating a wide range of social needs, improving overall well-being, and facilitating cooperation across different sectors to tackle intricate socioeconomic determinants of health (Maher, 2012). The implementation of these programs is crucial in promoting favorable results and establishing a society that is both equal and healthy. This may be achieved using augmenting social capital, integrating healthcare services, and providing assistance to rural areas.

Consumer Perspectives and Satisfaction With Human Service Programs

Consumer perspectives and satisfaction are central to evaluating the success of human service programs. Consumer perspectives and satisfaction with human service programs have gained significant attention in the academic literature and social services

sector. The programs involve a diverse array of services, including rehabilitation, vocational support, and healthcare. These services are designed to satisfy the requirements of consumers and ultimately enhance their overall quality of life (Tilbury & Ramsay, 2018). Understanding the different perspectives and factors that affect customer satisfaction is essential for program creation, improvement, and service delivery that meets consumer needs.

Health care providers' economic viability, patient well-being, and care quality depend on customer satisfaction. Ferrand et al. (2016) thoroughly analyzed the available literature about patient satisfaction within the health care industry. The research conducted emphasized the need to shift from a perspective based on the health care delivery system to one that places more importance on a patient-centered approach. The comprehension of consumer views and expectations has a crucial role in enhancing patient satisfaction and perceived quality (Ferrand et al., 2016). A study by Bucy et al. (2023) found that high levels of consumer satisfaction were associated with better compliance and adherence to health care treatment plans. This highlights the positive impact of consumer satisfaction on program effectiveness. Moreover, the credibility and quality of the information used to assess and improve patient satisfaction are critical. Patients must trust the data and information provided, emphasizing the need for a credible source for successful patient satisfaction initiatives (Ferrand et al., 2016; Shiyabola et al., 2016).

Consumer-directed programs provide another context where consumer perspectives significantly influence program outcomes and satisfaction. Gray et al. (2009)

evaluated a consumer-directed personal assistance services program for individuals with disabilities. The research revealed that the consumer-directed personal assistance services program improved choice and satisfaction with personal assistance services. A study by Lannigan (2014) emphasized the importance of actively involving consumers in program design and evaluation. Including consumer voices allows a more comprehensive understanding of their needs and preferences.

Satisfaction is a key indicator of consumer perspectives in the human service sector. Rutman et al. (2020) explored the structure of multiservice programs for pregnant and parenting women with substance use and complex vulnerabilities, aiming to provide comprehensive support, addressing a range of needs, including basic necessities, social services, primary care, mental health care, and substance use services. Rha (2012) highlighted the importance of offering a wraparound approach to care, addressing social determinants of health, and promoting collaboration. This approach empowers women to choose the services that work best for them, promoting a power-with approach (Rha, 2012; Rutman et al., 2020).

These programs effectively remove barriers to accessing services, provide trauma-informed and nonjudgmental care, and acknowledge the unique needs and complexities of clients. Hein et al. (2005) conducted a qualitative study to understand consumers' recommendations for improving satisfaction with rehabilitation services. The study involved employed and unemployed consumers of vocational rehabilitation services. Analysis of their responses resulted in four categories of concerns: general counseling skills, program-specific counseling skills, treatment outside of counseling sessions, and

education and employment (Ofili, 2014). This research highlighted the value of consumer feedback in program improvement and counselor training. There is a need for healthcare providers to continuously seek and consider the opinions and preferences of consumers to enhance service quality and client satisfaction (Hein et al., 2005; Ofili, 2014; Shiyabola et al., 2016).

Consumer perspectives and satisfaction can be influenced by various factors. One such factor is the quality of interpersonal interactions between service providers and consumers (Tilbury & Ramsay, 2018). Research by Fraser and Wu (2016) showed that positive and respectful communication between service providers and consumers significantly contributes to consumer satisfaction. Service providers need to exhibit empathy and active listening, which can enhance the overall experience for consumers.

Furthermore, the accessibility and affordability of human service programs play a significant role in shaping consumer perspectives. A study by Hein et al. (2005) highlighted that financial barriers and geographical constraints can hinder access to services, leading to decreased consumer satisfaction. This demonstrates the importance of considering program delivery's economic and geographical aspects to ensure consumer satisfaction (Meehan et al., 2002).

Consumer perspectives and satisfaction with human service programs are integral in shaping these programs' design, implementation, and improvement. The reviewed articles highlight the significance of understanding consumer experiences, needs, and preferences. Incorporating consumer input in program development and measurement

tools ensures services are tailored to address consumer requirements and effectively enhance their overall satisfaction.

Funding of Human Service Programs in the United States

Funding for human service programs in the United States is influenced by various factors and initiatives aimed at meeting the needs of vulnerable populations. U.S. human service programs are financed by philanthropy, government policies, grants, donations, volunteers, nonprofit organizations, and place-based initiatives. Grønbjerg (2013) emphasized the importance of philanthropic financing for human service NGOs, which comprise around one third of the 1.75 million tax-exempt organizations in the nation. About 12% of philanthropic donations went to these organizations in 2019, totaling \$56 billion. According to Sargeant and Shang (2011), while government financing drives human service nonprofits, philanthropic support is vital, requiring a good grasp of the fundraising process despite increased competition for individual donations, United Way, and corporate contributions.

The federal government has shaped public assistance programs, particularly during recessions. Hansan (2018) discussed federal-state public welfare programs from the Great Depression, when state-funded relief programs collapsed, until the Emergency Relief and Construction Act in 1932. He revealed that Unemployment Insurance, Old Age and Survivors Insurance, and public help for old, blind, and dependent children were established by the Social Security Act of 1935, a major change (Hansan, 2018; O'Donnell, 2012). Jalandoni et al. (2005) suggested that Supplemental Security Income,

the Food Stamp Program, Medicaid, and general assistance are essential to the welfare system throughout time to meet the needs of diverse groups.

Human service program finance and policy should incorporate basic care and public health. The Institute of Medicine (2012) stressed the necessity of government policy and financing for primary care-public health integration. The article revealed that the landmark Patient Protection and Affordable Care Act allocated significant resources to health-related initiatives, including the HITECH Act, which uses electronic health records to improve health care efficiency. Price (2010) argued in his study that place-based programs should recognize that socioeconomic variables affect health outcomes and promote agency cooperation. Health, well-being, and equality are considered in policy formation, implementation, and assessment by the Health in All Policies movement (The Institute of Medicine, 2012).

Innovative financial entities like Social Impact Bonds (SIBs) have emerged to support U.S. human service programs. Katz et al. (2018) showed how SIBs and market-based reforms support health and social projects. SIBs include investors donating upfront funds for specified social programs, with the government returning investors with interest if success conditions are satisfied. According to the authors, SIBs may raise government expenses, limit program scope, and undermine public-sector services. The authors stressed the necessity for a critical assessment of SIBs' public health implications despite the lack of empirical information on their long-term effects Katz et al. (2018).

Mason et al. (2015) used agency theory to examine the financial integration of health and social care. Most schemes had little effect on health and varied impacts on

secondary care expenditures and use. Puls et al. (2021) offered data from an ecological analysis including all U.S. states during federal fiscal years 2010–2017 on state welfare program expenditure and child maltreatment outcomes. Results showed an adverse relationship between state welfare program expenditure and child maltreatment outcomes. Reporting, substantiations, foster care placements, and mortality decreased for every \$1,000 invested per poor individual (Puls et al., 2021; Smith, 2018). State fiscal expenditures and social care financial integration in public benefit programs may reduce population-level health problems.

In tandem with broader policy trends, Spar (2016) used descriptive research design to examine the Community Services Block Grants and related programs that channel federal funds to local agencies to combat poverty. Findings revealed that despite the Administration's attempts to reduce funding for certain activities, Congress has historically continued to fund them (Spar, 2016). The study shed light on the complexities of federal budgeting and the persistence of funding for programs aimed at poverty reduction, emphasizing the significance of ongoing legislative efforts for reauthorization.

However, various policy trends and challenges shape the landscape of funding for human service programs in the United States. Smith (2018) utilized a qualitative approach to explore the impact of New Public Management on nonprofit human service agencies, emphasizing the shift toward market-oriented strategies and increased competition for resources. Findings indicated a more competitive funding environment, prompting nonprofit agencies to adapt their governance and collaborate with other

service providers (Smith & Phillips, 2016). As agencies grapple with fiscal scarcity, they are compelled to prioritize services with clear outcomes, potentially favoring larger agencies with diversified revenue sources.

Challenges Facing Human Service Programs in the United States

The challenges facing human service programs in the United States have evolved significantly in the 21st century due to various factors. Hopkins and Austin (2004) highlighted the evolving nature of human services and supervision in the 21st century. Legislative changes, organizational modernization, and increased service demands have necessitated adaptation in human service programs. Diversity, technology, and managed care are three primary issues affecting direct practice. According to Hopkins and Austin, diverse populations present challenges in service offerings, requiring staff retraining and effective communication. Technological advances call for standardized, shared client databases, and managed care influences practitioners to adopt a market-oriented approach. Hopkins and Austin emphasized the multidisciplinary and profit-driven nature of the human service industry, challenging practitioners to address human problems efficiently in a market-driven system.

Management challenges, including value conflict and low employee motivation, threaten performance improvement in nonprofit human service agencies. Kim (2005a) examined three significant management challenges that nonprofit human services agencies face - value conflict, micromanagement, and low employee motivation. In the context of continuing cuts in government funding and increasing pressure for accountability, these challenges pose threats to performance improvement (Kim, 2005b).

A case study of a community mental health center in Georgia illustrated how these challenges impact organizational change efforts. Given rising performance expectations and financial uncertainties, the study suggested that cutback management may be a strategic choice for human services agencies.

As effectiveness expectations rise, human service firms encounter organizational challenges. Mosley and Smith (2018) evaluated the increased requirements on human service providers to show effect, efficacy, and performance. The paper explored the historical context of these demands and the organizational and managerial problems of this new system. Human service organizations faced pressure to perform more without knowing the long-term effects of poor direction (Anttonen, 2017; Mosley & Smith, 2018). The study gave a special edition on the impacts of influence on workers, managers, and organizational processes, emphasizing the necessity to address these issues in theory, policy, and practice.

Smith and Phillips (2016) examined the changing and challenging environment of nonprofit human services, emphasizing their vital role in the social safety net. The report evaluated U.S. human services system finance, provision, and structural changes. Smith and Phillips suggested nonprofits develop sustainable programming and economic structures to satisfy rising transparency and accountability expectations. The study evaluated the nonprofit sector's conflicts from increased service provider competition and collaboration.

Nonprofit human service organizations struggle to measure success by client outcomes and data use. Carnochan et al. (2014) examined how four companies use

performance evaluation to meet accountability requirements and increase organizational and program effectiveness. The research revealed three main obstacles: It's important to define client outcomes in complicated human transformation processes. It stressed staff skills' importance in data system use. Organizational techniques that enable performance assessment include integrating user viewpoints into system design and giving staff enough data (Carnochan et al., 2014; Kim, 2005b).

Nonprofit human care organizations must handle many accountability systems to increase performance. Kim (2005a) explored nonprofit human services organizations' struggles to manage opposing accountability systems. Hierarchical, legal, professional, and political responsibilities affect agency operations, according to study. A large community mental health center found that stressing legal and hierarchical duty may block professional and political accountability, reducing performance. Kim (2005a) argued for a balanced approach to accountability relationships to facilitate effective improvement in the performance of nonprofit human services agencies.

Hajighasemi (2023) explored the paradigm shift toward enhancing diverse climates in Swedish human services organizations. The article examined the challenge posed to traditional social policy arrangements based on a monocultural service provision model. With a growing need for cultural competence and ethnic sensitivity, the study highlighted the recruitment of ethnic, social workers as an efficient strategy for making social services more culturally sensitive (Hajighasemi, 2023; Hansan, 2018). Ethnic staff members contributed to training, updating staff cultural competencies, and shaping strategic diversity plans at both operational and managerial levels.

Furthermore, Hyde (2012) addressed human service managers' ethical challenges, emphasizing the difficult decisions involving fundamental conflicts in values. The qualitative exploratory study involved 40 human service managers from the United States. The managers identify and resolve ethical dilemmas, with resolutions often leading to restrictions on missions, programs, services, and practice methods. The study underscored the reliance on existing rules and principles, including those rooted in spiritual faith, for dilemma resolution (Hyde, 2012). However, the absence of systematic or evidence-based procedures for resolving challenges is highlighted, emphasizing the need for more comprehensive training in ethical problem-solving that aligns with the overarching goals of human service agencies.

Technology is a crucial aspect of human service organizations. Anuyah et al. (2023) explored the barriers and potential technology integration opportunities in community-based social service organizations. Facing challenges such as limited resources, inadequate staffing, funding constraints, and high demand for services, these organizations operated in a mid-sized city in Northern Indiana, struggling with poverty and homelessness (Anuyah et al., 2023; Moreno et al., 2023). Based on 21 semistructured interviews, the study identified data and knowledge management as significant technological challenges. Despite these challenges, the authors advocated design changes to empower community-based social service organizations and help them meet their communities' different needs, promoting social justice via technology.

Divide in technology-enabled access to social services impacts marginalized populations. Moreno et al. (2023) examined the use of information and communication

technologies in social services. The paper explored the transformation brought about by these technologies in advanced societies, emphasizing their widespread impact on various aspects of life. However, the study highlighted a digital divide in technology-enabled access to social services, revealing disparities in technology use that exclude those most in need of benefits and support (Anttonen, 2017; Hoefer, 2020). Despite the ubiquity of technology in society, certain populations face barriers to accessing social services through digital means.

Management of Human Service Programs

Management of human service programs encompasses various aspects related to workforce development, organizational performance, and evidence-based practice. Romero and Lassmann (2017) conducted a systematic review to evaluate the benefits of mentoring programs for child welfare workers. Their study focused on both formal and informal mentoring, analyzing six selected documents. Despite some inconsistency across studies, the synthesis of data indicated that mentoring programs had positive personal and career impacts on child welfare workers, providing valuable insights for practitioners and administrators aiming to retain a competent and stable workforce.

Packard (2010) explored staff perceptions of variables influencing performance in human service organizations, particularly those providing workforce and educational development services for high-risk youth. The study utilized a model of management functioning and program performance. The findings revealed factors such as adequate funding, positive leadership attitudes, motivated and committed staff, facilitated an

organizational structure, and effective resource allocation enhanced program performance and management (Lewis et al., 2011; Packard, 2010)

Austin and Claassen (2013) studied evidence-based practices in human service enterprises. They examined micro (improving worker capabilities), macro (reinforcing systems and structures), and a hybrid approach. The findings stressed the importance of organizational factors, preparation assessments, and a comprehensive approach to implementing evidence-based methods in human care organizations. Carnochan et al. (2017) defined evidence-informed practice's (EIP) cognitive, interaction, action, and compliance components in human service program management. Critical thinking and decision making are essential to understanding, assessing, and interpreting data. Active engagement and idea sharing ensure stakeholder and colleague involvement in interactive processes. To provide effective human services, compliance processes must meet legal standards and provide accountability and organizational norms (Austin & Claassen, 2013; Carnochan et al., 2017). These methods integrate research results into these firms' daily operations and decision-making.

Several strategies link management and frontline workers to improve performance management in human service firms. Successful assessments and organizational transformation need this alignment. Performance management and evaluation in human service firms was addressed by Selden and Sowa (2011). They compared management and frontline staff viewpoints to determine how well nonprofit companies manage and improve performance. The research found several performance management methods, emphasizing the need to harmonize management and staff perspectives. Selden and Sowa

argued that different performance management methods in human service programs enabled a comprehensive performance evaluation by aligning these views. This alignment improves organizational efficiency, teamwork, and understanding of performance standards and improvement goals.

Additionally, Collins-Camargo et al. (2012) evaluated public child welfare agency organizational effectiveness and staff retention. The survey of organizational excellence and the intent to remain were used to assess Midwestern staff's views on organizational culture, communication, and effectiveness. The association between these parameters and workers' desire to remain employed was examined to find organizational growth potential. Important relationships were found, which might inform public child care retention strategies. The study showed that monitoring organizational efficiency over time may improve the child welfare system.

Austin et al. (2011) noted that nonprofit human service organizations require qualified administrators when baby boomers depart from senior positions. Their study included a leadership program developed with agency directors and middle/senior managers. The program used participant-centered learning, individualized coaching, and learning projects that addressed organizational issues to strengthen managers' leadership skills. The case study highlighted the program's unique design and ability to adequately prepare nonprofit human service professionals. Learning and coaching of human service directors and managers is essential for effective management and governance.

Managers in human service organizations must balance social work principles with commercial skills and fast-paced changes. Watts et al. (2018) evaluated human

service managers' experiences with fast service delivery changes. The study examined how human service managers regard advanced business, management, and finance abilities using focus groups and interviews. In the face of shifting funding systems and higher performance demands, managers struggle to integrate these skills with social work's basic values. Skill inadequacies must be addressed to manage uncertainty in current and competitive service environments.

Smith (2015) examined how political and economic changes affect human service organizations. The study investigated human service organizations' challenges and recommended changing governance and management processes to boost performance, creativity, and flexibility. Smith studied changed economic and political circumstances, decreased public funding, more competition, and new organizational forms like social companies. The author discussed the historical growth of the U.S. human service system, focusing on the rise of profit-driven social service firms. According to Fredericksen et al. (2015), fluctuating government financing, greater competition, and performance management and outcomes are causing problems. Human service providers should adapt and survive in a changing and competitive financing environment to guarantee successful management.

Consumer Well-Being

Consumer well-being is a crucial concept in the field of marketing and consumer behavior, as it represents the emotional and cognitive responses that consumers experience in their consumption of human service programs. Eshaghi et al. (2023) used a comprehensive literature review to address the uncertainty of the definition and

measurement of consumer well-being. The analysis found four consumer well-being themes across 265 peer-reviewed articles: well-being, well-being, well-having, and well-being. The review found no agreement on consumer well-being conceptualization, prompting a context-based vs object-based approach. The authors stressed the need for a more general definition of consumer well-being. Gunawan et al. (2021) stated that brand authenticity affected consumer civic behavior and consumer well-being. The study stressed customer satisfaction as a key metric of consumer well-being in marketing research. Brand authenticity affects customer well-being and civic behavior, according to the study (Gunawan et al., 2021).

A thorough assessment of consumer well-being by Zhao and Wei (2019) highlighted its diverse character driven by personal beliefs, societal and cultural influences, brand qualities, and behavioral elements. The authors noted that customer well-being affects physical and mental health, loyalty, and word-of-mouth. Lee and Sirgy (2011) also categorized consumer well-being into several concepts and measurements. Their individual and enterprise-level studies showed that customer well-being improves health, loyalty, and word-of-mouth.

A modern definition of consumer well-being by Manchanda (2017) stressed its impact on life quality. Social, psychological, and bodily factors affected well-being in the research. Manchanda stated that customer well-being is essential to life quality, paving the way for consumer behavior and satisfaction theories. Many conceptualizations and metrics of consumer well-being were examined by Lee and Sirgy (2011). The findings

showed that marketing affects customers' quality of life, underlining the necessity for consumer well-being theory.

COVID-19 has caused enormous issues, harming consumer well-being worldwide. Krasnikov et al. (2022) examined pandemic-related changes in Russian consumer well-being using micromarketing and macromarketing. Their pandemic research revealed the behavioral changes of transitional economy customers amid health emergencies. Islam et al. (2022) proposed a conceptual model to explain how a firm's well-being-focused aspects affect customer-perceived service well-being in health services. The research found five well-being-focused corporate actions as antecedents of customer-perceived service well-being, underlining the relevance of transformational service design in healthcare.

The well-being of individuals is greatly influenced by customer service and interactions within virtual communities. Falter and Hadwich (2020) examined customer service well-being in the context of customer-employee contact. Positive emotions, engagement, connection, purpose, and achievement, and no negative feelings were measured in the research. Falter and Hadwich verified the scale's reliability and validity across service sectors. The research also showed that customer service well-being affects consumers' behavioral intentions and life happiness, underlining the value of pleasant service interactions. Wu et al. (2023) examined consumer well-being in virtual medical communities, concentrating on social support and reciprocity. Their survey of 484 valid respondents found that emotional support, informational support, and affiliation predict well-being. Consumer well-being is most affected by emotional support, highlighting the

need for helpful relationships in virtual communities. Community norms moderate the good impacts of belonging on well-being, emphasizing the significance of compliance (Wu et al., 2023).

Mogilner and Norton (2015) reviewed consumer happiness and well-being studies over the last decade. The research examined how money and time affect happiness at a general level and in individual consumption events. Mogilner and Norton stressed the influence of emotions, happiness, and satisfaction on customer behavior and decision-making. Pandemics have a major influence on consumers' mental health, according to Minton (2022). The paper examined how motherhood, chronic disease, age, and family affect mental health. Religion also improves mental health during pandemics, according to Minton. The research recommends prioritizing mental health during pandemics.

The COVID-19 epidemic has changed consumer life objectives and subjective well-being. Zheng et al. (2021) found that pandemic danger changed the relevance of material and relationship objectives in a three-wave longitudinal study. During the epidemic, relational objectives improve subjective well-being, but material goals decrease it (Xie & Liu, 2012). The results showed the dynamic link between external dangers, life objectives, and subjective well-being, helping consumers cope with crises. Malhotra (2006) assessed consumer well-being and quality of life and suggested further study. The author studied consumer well-being and quality of life. The research sought to understand consumer well-being via a broad sample. The results highlighted the need for further study to understand well-being drivers and processes to inform future human service initiatives.

Pandemics' impact on consumer well-being has led to the implementation of targeted human care solutions. Pradhan (2022) discussed pandemics' effects on consumer well-being and its many forms. Understanding the motivations and processes affecting consumer well-being during crises is crucial for building pandemic-specific human care solutions. A meta-analysis of prospective observational studies by Chida and Steptoe (2008) examined the relationship between good psychological well-being and mortality. A comprehensive assessment of 35 research in healthy and diseased populations was conducted. Good effect and trait-like dispositions are crucial to understanding and improving consumer well-being since good psychological well-being is consistently linked to lower mortality. Human service initiatives promoting holistic well-being need this understanding.

The presence of cultural and individual variety has a significant influence on well-being. This requires the development of human service programs that are specifically designed to fit with ethical and cultural standards in order to achieve successful results. Leong et al. (2016) investigated Asian consumers' well-being. Research on Chinese, Indian, Japanese, Korean, and Singaporean people found differences in aspects of well-being. Human service programs should be tailored to cultural and individual diversity to meet customers' different beliefs and objectives (Leong et al., 2016). In addition, Minton et al. (2022) examined religious and cultural values as drivers of sustainability and consumer well-being. The ethical investigation revealed customer well-being elements. This study examined the relationship between sustainability, ethics, and well-being, providing a nuanced viewpoint for human service programs striving to align with ethical

and cultural norms. The significance of human service programs is highlighted by the impact of cultural, social, and environmental aspects on consumer well-being.

Comprehending and dealing with the many aspects of consumer well-being, particularly during important occurrences such as pandemics, is crucial for developing efficient human service programs that adhere to ethical, cultural, and sustainability factors.

Summary

In this section, relevant literature on caregiver support was examined on a wide scope of research and contexts. The PERMA model was the primary framework for assessing the well-being of caregivers in this study. Caregiver support programs have been shown to be crucial in meeting the requirements of family caregivers, with a specific emphasis on reducing the burden, improving skills, and offering comprehensive assistance. Funding was also highlighted as a crucial aspect in caregiver support programs. Challenges facing human service programs, including managerial concerns, workforce enhancement, organizational effectiveness, and the integration of evidence-based strategies, were also discussed in literature. Finally, the management of human service programs was discussed with a key focus on the significance of evidence-based approaches, organizational efficiency, and leadership enhancement in navigating the changing environment of human services. The next section will highlight the process of collecting and analyzing data.

Section 3: Data Collection Process and Analysis

Introduction

I conducted this study to help the managers of a caregiver support program at the client NGO get an understanding of the effect of the program on the well-being of the program's consumers. The purpose of this study was to develop and administer a consumer satisfaction survey that evaluated the efficacy of caregiver support program services from the consumers' perspective. In this section, I discuss the research question and research design of the study, roles played by the researcher and client organization, methodology, data analysis strategy, and issues of trustworthiness. This section also includes a description of the ethical procedures used in the study before concluding with a summary section.

Practice-Focused Research Question and Research Design

To effectively evaluate the efficacy of the caregiver support program in the client NGO, the following research question guided this study: How do the caregiver consumers of the nonprofit organization view the services provided? I employed a cross-sectional research design for this study. The data collection focused on the consumers' perspective on the client NGO's caregiver support program. Considering the environment I collected data from, the cross-sectional research design was the most appropriate for this PAS. For instance, I collected data at only one point in time. A cross-sectional study is one that avails data to explain a certain phenomenon or relationships between several phenomena at a specified time (Ihudiebube-Splendor & Chikeme, 2020). The cross-sectional design is also instrumental in collecting data from a targeted population

(Chakraborty, 2021). In addition, in a cross-sectional research design, the researcher does not manipulate the data variables. In this study, I only collected data using a survey and did not manipulate anything about the participants or setting of the study.

Roles of the Researcher and Client Organization

The client organization in this PAS was an NGO that located in the United States and serves family caregivers who care for loved ones with chronic illness. The NGO looks after the caregivers' mental, physical, and spiritual health. As a member of one of the communities served by the NGO, I was passionate about the role of caregivers and intended for this study's findings to help improve their welfare as they receive support from the NGO.

As the researcher, my primary role was to conduct the study within the setting of the client organization. I designed a data collection instrument and administered it to the beneficiaries of the caregiver support program, analyzed the data, and provided the findings of the study and my recommendations to the management and beneficiaries of the program. A researcher has to ensure that their personal bias do not impact the outcome of the research; therefore, it is important to mention that I was an independent volunteer assisting the agency. To eliminate any potential bias, I used the Survey Monkey online data collection platform to collect data for this study. With the use of this platform, the respondents of the survey remained anonymous. Additionally, the participants of the study were not offered any incentives for taking part in the study. Throughout the study, I adhered to my professional and ethical obligations as a researcher and ensured that the

ethical rights of the participants, such as confidentiality, anonymity, and informed consent, were protected.

The client organization was the bridge between the participants of the study and me (i.e., the researcher). The management of the organization gave me permission to conduct the study in the NGO. The organization also facilitated my administration of the survey to the study participants.

Methodology

I collected the data for this study using an online survey that was completed by consumers of the client NGO's caregiver support program. The data were then be analyzed to provide insights on the well-being of the participants as impacted by the program. Based on the results, I created a report that included the conclusions from the study and my recommendations as part of the deliverable for the client organization.

Procedures for Recruitment, Participation, and Data Collection

The participants of this study were caregivers who received support under the caregiver support program run by the client organization at the time data were collected for this study. The management of the client organization sent out an introductory email to inform the consumers that I would invite them to participate in the study via email.

I emailed a recruitment letter to the caregivers in the program who were then screened to ensure they met the inclusion criteria upon clicking on the link to the survey included in the email. Only participants who had been in the program for at least 2 weeks were permitted to take part in the online survey. This inclusion criterion was adopted because the program had consumers coming in and out sporadically. Some of the

consumers of the program would only go to receive help on resources, such as toiletries or referrals, which required only less than a day. On the other hand, other consumers attended more activities offered by the program (such as the monthly meet ups), which saw them receive support from the program for a longer duration. Furthermore, the client organization deals with people who care for the aging population, many of whom are suffering from end-of-life stage dementia. Many of the consumers, therefore, either leave the program upon the demise of their loved one(s) or go back to volunteer.

The use of email to recruit the participants and send out the survey was convenient for the potential participants of the study because they were able to respond and complete the survey during a time of their choosing. The management of the client organization had confirmed that all the caregivers in the program have email addresses and access to a computer, a mobile device, or both. Using an online survey further facilitated the confidentiality and anonymity of the participants of the study. The management had also confirmed that the caregiver support program usually has approximately 70 participants at any given time. For this study, I was aiming for at least a 75% response rate, which was equivalent to at least 53 participants. The actual sample size of the study was 38 participants.

Instrumentation

I used an online survey administered via the Survey Monkey platform to collect data in this study. I developed the survey, based on the services offered by the caregiver support program, the existing literature and data collection instruments, and the PERMA model, that was used as the instrument for collecting data in the study. The elements of

the PERMA model are positive emotions, engagement, relationships, meaning, and accomplishment (Seligman, 2018). The creation of the survey was further guided by Butler and Kern (2016)'s PERMA-Profiler questions pertaining to well-being. Specifically, I incorporated some of the PERMA-Profiler questions in the survey, such as Items 10, 11, 15 and 16). Since they were in question format, I rephrased the items into statements. For instance, Item 15 in my survey was "I often feel positive," which was rephrased from the question "How often do you feel positive?" in the PERMA-Profiler. The authors allowed for the use of the questions for noncommercial research or assessment purposes as long as credit is given to them (see Appendix A). The five questions in the WHO-5 Well-Being Index of 1998 were also incorporated in the creation of the survey. In addition to these items, I also developed other questions to contextualize the survey.

The questionnaire items used in the survey also reflected the physical, emotional, and spiritual aspects through which the caregiver support program attempts to facilitate improved well-being among the beneficiaries of the program. I evaluated the reliability of the scores produced by the survey instrument using the Cronbach's alpha coefficient (see Tavakol & Dennick, 2011). According to Taber (2017), a Cronbach's alpha coefficient ranging between 0.7 and 0.95 is indicative that the data being evaluated has an acceptable reliability. I used this range to assess the reliability of survey items in the current study. Yurdugül (2008) found that a minimum sample size of 30 participants would be sufficient for data to be evaluated using the Cronbach's alpha coefficient. The average Cronbach's alpha coefficient of this study's variables was 0.748.

Strategy for Data Analysis

This study had two main variables: The dependent variable was the well-being scores, while the independent variables were the three levels of the program: physical well-being, mental well-being, and spiritual well-being. I measured well-being scores on an interval scale of measurement ranging from 1 (*strongly disagree*) to 7 (*strongly agree*), while the well-being category was measured on a nominal scale. Joshi et al. (2015) and Wu and Leung (2017) indicated that the resulting score from a combination of Likert scale items is considered to be an interval scale of measurement.

I used the SPSS Version 28 to analyze the data collected from this study. After data collection, the participants' responses to the online Survey Monkey survey were downloaded into a password-protected computer. The data were then cleaned and screened to ensure the accuracy of the collected data and the validity of the analysis. The data screening procedure involved checking for univariate outliers and any missing data values (see Mertler & Reinhart, 2017).

I generated frequency distribution tables for the demographic characteristics and survey items. Descriptive statistics of mean and standard deviation were also evaluated from the data set. These statistics provided a picture of well-being scores across the three aspects of caregiver support: physical, mental and spiritual well-being.

I calculated the well-being scores for the three aspects of caregiver support from questionnaire items representing each of the aspects. According to Joshi et al. (2015), if a researcher combines items in a Likert scale to generate a composite score, then the resulting composite score will be an interval scale. Wu and Leung (2017) conducted a

study to investigate whether Likert scales can be treated as interval scales and concluded that Likert scales can be treated as interval scales but emphasized the need to use more spread out Likert scales to increase generalizability. For this study, I developed a seven-point Likert scale survey. The results of this study were interpreted through mean observations and comparisons. Higher means in certain aspect(s) implied that the caregiver support program was effective in enhancing the well-being of its consumers, while lower means implied that there is a need for improvement in the specific aspect(s) of well-being (see Table 1).

Table 1

Study Variables

Characteristic	Attributes	Measurement
Demographic characteristics (Items 1–3)	Age	Ordinal
	Gender	Nominal
	Duration in the support program	Ordinal
Survey (Items 4–20)	Aspects of the support program (independent variable)	Nominal with three levels: Physical (Items 4-9), mental (Items 10-15), and spiritual aspects (Items 16-20)
Items incorporated from the WHO survey (Items 6, 7, 8, 13, and 14)	Well-Being Score* (<i>dependent variable</i>)	Interval

*(Butler & Kern, 2016; WHO, 1998).

Issues of Trustworthiness

I addressed the issues of trustworthiness in this study through ensuring that high standards of internal validity (i.e., credibility) and external validity (i.e., transferability) were met.

Credibility

Credibility refers to the way in which the observed results tell the truth regarding the population parameter(s) under study (Creswell & Creswell, 2018). Credibility is associated with treatments related to the experiment or the experiences of the participants that could affect the ability of a researcher to make correct inferences from data (Creswell & Creswell, 2018). I facilitated credibility in this study by ensuring that surveys were sent and completed independently by each of the study's participants. In addition, the reliability across the survey questions was evaluated using Cronbach's alpha.

Transferability

Transferability refers the extent to which the findings of a given study can be generalized in day-to-day life, especially for population that the sample is meant to represent (Warner, 2013). To ensure transferability in this study, I only included participants who had benefitted from the caregiver support program for at least 2 weeks to complete the survey.

Ethical Procedures

To ensure access to the data set, I received a letter from the management of the client NGO that granted me permission to collect data from the caregivers at the NGO. I also sought and received permission from the Walden University Institutional Review Board regarding the NGO used to collect data for this study. I was assigned the following Institutional Review Board (IRB) number: 04-26-24-1170790

Regarding the treatment of human participants, I required informed consent from each participant before they completed the survey. The consent form included a

discussion of important elements that enabled participants to make an informed decision on completing the survey. Only the participants who consented were allowed to proceed to the online survey.

I provided potential participants with a clear description of the study and its benefits to give them an understanding of what their participation would entail. They were also informed about their roles as participants and guided on the steps to complete the survey. In addition, I provided them with my contact information in case any participant would have further concerns or inquiries on the study. The respondents were also made aware that their participation was voluntary and that they had the freedom to unconditionally exit the study at any time if they wished to do so.

The identity of the NGO in which this study took place was masked throughout the study. I also ensured that the participants' privacy was protected (see Ravitch & Carl, 2016). The data were collected anonymously such that no identifying information was collected from the survey; therefore, no individual responses could be linked to the survey and it was not possible to tell apart the responses in terms of what response an individual provided.

After downloading the data from the SurveyMonkey data collection platform, I protected the file using a password. The data were also backed up on an external hard drive for precaution and safety purposes. The collected data were then erased from SurveyMonkey. After data analysis, I deleted the data from my laptop but will retain the external hard drive copy for about 5 years before destroying it.

Summary

The purpose of this quantitative cross-sectional study was to develop and administer a consumer satisfaction survey to evaluate the efficacy of caregiver support program services from the consumers' perspective. The dependent variable was well-being scores, while the independent variable was the well-being category in three levels: physical well-being, mental well-being, and spiritual well-being.

In this section, I discussed the quantitative cross-sectional research design and the rationale for using it this study as well as the methods and procedures used, including the development of the data collection instrument and data analysis processes. Ethical considerations, like confidentiality and consent, were also described. In the next section, I will describe the data collection processes, present the data analysis and results, and report the findings.

Section 4: Results and Recommendations

Introduction

The purpose of this quantitative cross-sectional study was to develop and administer a consumer satisfaction survey to evaluate the efficacy of the client NGO's caregiver support program services from the consumers' perspective. The study was guided by the following research question: How do the caregiver consumers of the nonprofit organization view the services provided? The deliverables of the study included the completed PAS document, a brief one-to-two-page summary of the findings, and a PowerPoint presentation.

In this section, I describe the data collection phase of the study, how the data were analyzed, the findings, deliverables and recommendations, evidence of trustworthiness, and strengths and limitations of the study before concluding it with a concise summary.

Data Collection

I collected the data for this study via the Survey Monkey online data collection platform. A total of 51 beneficiaries of the caregiver support program participated in this study, which was equivalent to a response rate of 72.86% (compared to the initially targeted response rate of 75%). After downloading data from the online data collection platform, I cleaned the data as follows: Out of the 51 responses received, seven entries consisted of participants who had not met the inclusion criteria to proceed to the survey, so these participants' entries were deleted because they did not contain any information beyond the screening details for the study participation criteria. Out of the remaining 44 responses, six comprised responses in which the participants only filled in their

demographic data but did not follow through with the rest of the survey. I also deleted these responses because they did not contain valuable information for the study regarding the consumers' well-being in the caregiver support program. Therefore, there were a total of 38 valid responses.

Demographic Characteristics

I collected demographic data from the participants to help understand the characteristics of the caregivers who participated in the study and how long they had been in the program (see Table 2).

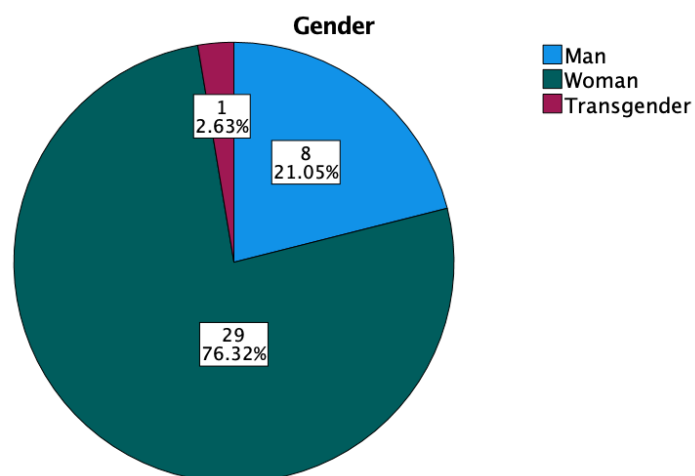
Table 2

Demographic Characteristics of the Sample

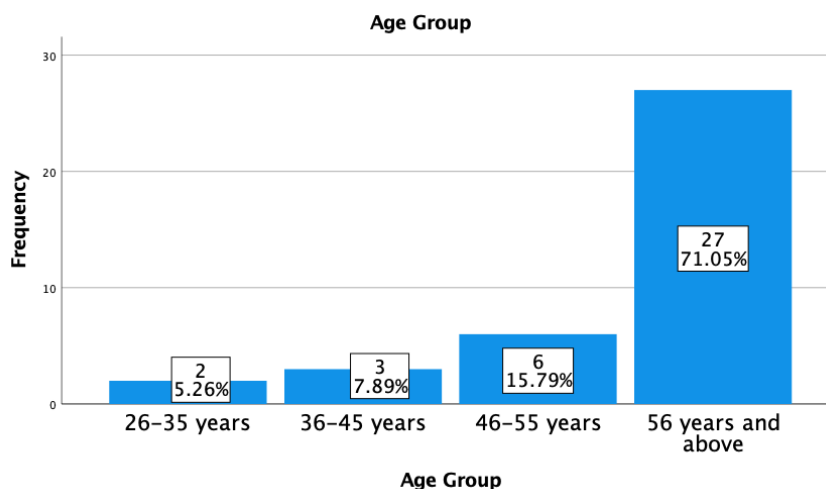
	<i>n</i>	%
Gender		
Male	8	21.1
Female	29	76.3
Transgender	1	2.6
Age group		
26–35 years	2	5.3
36–45 years	3	7.9
46–55 years	6	15.8
56 years and above	27	71.1
Duration in the caregiver support program		
Less than 6 months	4	10.5
6 months to 1 year	6	15.8
1–2 years	10	26.3
Longer than 2 years	18	47.4

Note. $N = 38$.

A majority of the participants in the study were women. Figure 1 further illustrates the gender distribution of the participants.

Figure 1*Gender Distribution*

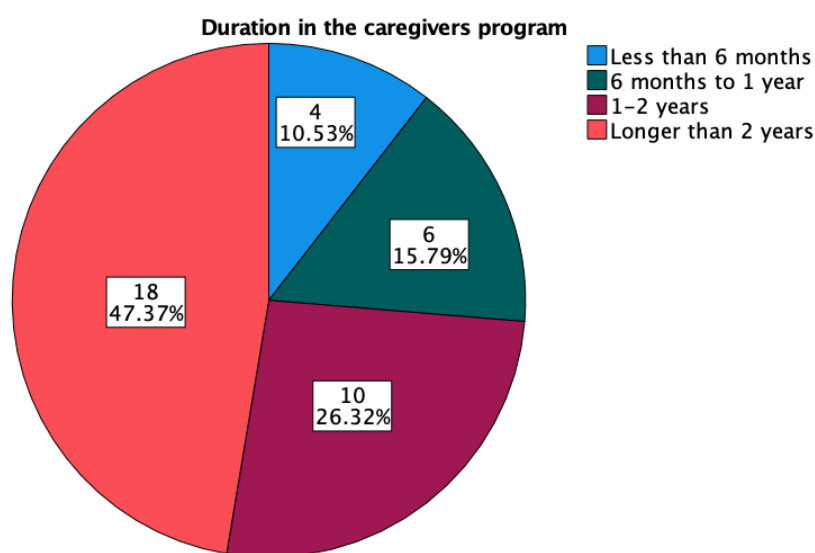
A larger proportion of the consumers of the caregiver support program comprised older people. Most of the participants were aged 56 years old and above ($n = 27$, 71.1%), while there were fewer participants in the other age groups. Figure 2 illustrates the sample distribution age wise.

Figure 2*Distribution by Age Group*

Most participants of this study had been in the program for a longer duration: 47.4% ($n = 18$) of the participants had been in the program for more than 2 years, while 26.3% ($n = 10$) of them had been in the program for a period of between 1 and 2 years. This range is illustrated in Figure 3.

Figure 3

Duration in the Caregiver Support Program



Data Analysis and Findings

Reliability Analysis

I conducted a reliability analysis of the variables using Cronbach's alpha coefficient on SPSS. The reliability of the three main aspects of the study ranged from 0.692 to 0.768, indicating acceptable levels of reliability (see Raharjanti et al., 2022). Table 3 contains a summary of the reliability analysis statistics.

Table 3*Reliability Analysis*

Scale	Cronbach's alpha	No. of items
Physical well-being	0.692	6
Mental well-being	0.783	6
Spiritual well-being	0.768	5

Consumer Views of the Services Provided in the Program

In survey responses on a scale of 1–7 (*strongly disagree* to *strongly agree*), the participants reported slightly above average overall well-being when all aspects were combined ($M = 3.57$, $SD = 1.57$). To get a good perspective of the caregiver consumers' views of the services provided by the client NGO's caregiver support program, I organized the results into physical, mental, and spiritual well-being categories.

The consumers of the caregiver support program reported moderate well-being scores in mental well-being ($M = 3.64$, $SD = 1.93$) and spiritual well-being ($M = 3.63$, $SD = 1.83$). On the other hand, slightly lower and below average scores were reported for physical well-being ($M = 3.45$, $SD = 1.58$). Table 4 illustrates the descriptive statistics of the well-being categories in the study.

Table 4*Descriptive Statistics*

	<i>M</i>	<i>SD</i>
Physical well-being	3.45	1.58
Mental well-being	3.64	1.93
Spiritual well-being	3.63	1.83
Overall well-being	3.57	1.57

Note. $N = 38$.

Physical Well-Being

The findings of this study revealed that consumers of the programs viewed the physical well-being provisions of the program as slightly below average (see Table 5). The item “I am able to handle my physical responsibilities well” was the only survey statement in this category that received an above average score on the Likert scale ($M = 3.71$, $SD = 2.75$).

Table 5

Physical Well-Being Mean and Standard Deviation

Survey item	<i>M</i>	<i>SD</i>
I am able to handle my physical responsibilities well	3.71	2.75
The program has up to date equipment for physical exercises for caregivers	3.37	2.32
I have felt calm and relaxed	3.47	2.70
I have felt active and vigorous	3.37	2.43
I wake up feeling fresh and rested	3.47	2.41
Overall, I am satisfied with the measures put in place by the program to cater for my physical welfare	3.32	2.47

Note. $N = 38$.

Although the responses to “I am able to handle my physical responsibilities well” were above average on the seven-point Likert scale, it is noteworthy that a relatively high number of participants ($n = 17$, 44.7%) reported to strongly disagree with this statement. Large proportions of participants also strongly disagreed with the statements of “I have felt calm and relaxed” ($n = 18$, 47.4%), “I have felt active and vigorous” ($n = 17$, 44.7%), and “Overall, I am satisfied with the measures put in place by the program to cater for my physical welfare” ($n = 17$, 44.7%; see Table 6).

Table 6*Physical Well-Being Likert Scale Responses (Frequency and Percentage)*

Survey item	Response on Likert scale	Frequency	%
I am able to handle my physical responsibilities well	Strongly disagree	17	44.7%
	Disagree	2	5.3%
	Somewhat disagree	0	0.0%
	Neither agree nor disagree	1	2.6%
	Somewhat agree	5	13.2%
	Agree	0	0.0%
	Strongly agree	13	34.2%
The program has up to date equipment for physical exercises for caregivers	Strongly disagree	14	36.8%
	Disagree	3	7.9%
	Somewhat disagree	2	5.3%
	Neither agree nor disagree	9	23.7%
	Somewhat agree	2	5.3%
	Agree	0	0.0%
	Strongly agree	8	21.1%
I have felt calm and relaxed	Strongly disagree	18	47.4%
	Disagree	1	2.6%
	Somewhat disagree	3	7.9%
	Neither agree nor disagree	1	2.6%
	Somewhat agree	3	7.9%
	Agree	0	0.0%
	Strongly agree	12	31.6%
I have felt active and vigorous	Strongly disagree	17	44.7%
	Disagree	0	0.0%
	Somewhat disagree	3	7.9%
	Neither agree nor disagree	4	10.5%
	Somewhat agree	6	15.8%
	Agree	0	0.0%
	Strongly agree	8	21.1%
I wake up feeling fresh and rested	Strongly disagree	15	39.5%
	Disagree	3	7.9%
	Somewhat disagree	0	0.0%
	Neither agree nor disagree	5	13.2%
	Somewhat agree	7	18.4%
	Agree	0	0.0%
	Strongly agree	8	21.1%
Overall, I am satisfied with the measures put in place by the program to cater for my physical welfare	Strongly disagree	17	44.7%
	Disagree	1	2.6%
	Somewhat disagree	3	7.9%
	Neither agree nor disagree	5	13.2%
	Somewhat agree	3	7.9%
	Agree	0	0.0%
	Strongly agree	9	23.7%

Mental Well-Being

This study's findings revealed that consumers of the programs viewed the mental well-being provisions of the program as above average. The item of "I find the support program safe and dependable" in this category recorded the highest average score in the entire survey ($M = 4.11$, $SD = 2.92$). The two items of "I often feel positive" ($M = 3.34$, $SD = 2.75$) and "My daily life has been filled with things that interest me" ($M = 3.26$, $SD = 2.56$) resulted in below average scores on the Likert scale (see Table 7).

Table 7

Mental Well-Being Mean and Standard Deviation

Survey item	<i>M</i>	<i>SD</i>
I feel satisfied with my personal relationships with other people	3.71	2.89
I feel excited and interested in things	3.68	2.74
I find the support program safe and dependable	4.11	2.92
I have felt cheerful in good spirits	3.71	2.83
My daily life has been filled with things that interest me	3.26	2.56
I often feel positive	3.34	2.75

Note. $N = 38$.

Consistent with Table 7, a large proportion of participants strongly agreed with the statement "I find the support program safe and dependable" ($n = 18$, 47.4%). Large proportions of participants, however, strongly disagreed with the statements: "I feel satisfied with my personal relationships with other people" ($n = 19$, 50%), "My daily life has been filled with things that interest me" ($n = 18$, 47.4%), and "I often feel positive" ($n = 20$, 52.6%; see Table 8).

Table 8*Mental Well-Being Likert Scale Responses (Frequency and Percentage)*

Survey item	Response on Likert scale	Frequency	%
I feel satisfied with my personal relationships with other people	Strongly disagree	19	50.0%
	Disagree	1	2.6%
	Somewhat disagree	0	0.0%
	Neither agree nor disagree	0	0.0%
	Somewhat agree	3	7.9%
	Agree	0	0.0%
	Strongly agree	15	39.5%
I feel excited and interested in things	Strongly disagree	16	42.1%
	Disagree	2	5.3%
	Somewhat disagree	3	7.9%
	Neither agree nor disagree	2	5.3%
	Somewhat agree	1	2.6%
	Agree	0	0.0%
	Strongly agree	14	36.8%
I find the support program safe and dependable	Strongly disagree	16	42.1%
	Disagree	2	5.3%
	Somewhat disagree	0	0.0%
	Neither agree nor disagree	0	0.0%
	Somewhat agree	2	5.3%
	Agree	0	0.0%
	Strongly agree	18	47.4%
I have felt cheerful in good spirits	Strongly disagree	17	44.7%
	Disagree	2	5.3%
	Somewhat disagree	2	5.3%
	Neither agree nor disagree	1	2.6%
	Somewhat agree	1	2.6%
	Agree	0	0.0%
	Strongly agree	15	39.5%
My daily life has been filled with things that interest me	Strongly disagree	18	47.4%
	Disagree	2	5.3%
	Somewhat disagree	3	7.9%
	Neither agree nor disagree	2	5.3%
	Somewhat agree	3	7.9%
	Agree	0	0.0%
	Strongly agree	10	26.3%
I often feel positive	Strongly disagree	20	52.6%
	Disagree	1	2.6%
	Somewhat disagree	2	5.3%
	Neither agree nor disagree	0	0.0%
	Somewhat agree	3	7.9%
	Agree	0	0.0%
	Strongly agree	12	31.6%

Spiritual Well-Being

The findings of this study revealed that consumers of the programs viewed the spiritual well-being provisions of the program as above average (see Table 9). The item of “I feel a sense of spiritual community and connection with other people who are in the support program” in this category recorded the highest average score in the entire survey ($M = 4.11$, $SD = 2.76$) followed by the item “Workers in the support program understand my spiritual needs” ($M = 3.84$, $SD = 2.64$). The two items of “I feel that I now have a sense of direction in my life” ($M = 3.45$, $SD = 2.53$) and “I often engage in mindfulness or meditation practices facilitated by the program” ($M = 3.26$, $SD = 2.34$) resulted in below average scores on the Likert scale.

Table 9

Spiritual Well-Being Mean and Standard Deviation

Survey item	<i>M</i>	<i>SD</i>
I feel that I now have a sense of direction in my life	3.45	2.53
I often engage in mindfulness or meditation practices facilitated by the program	3.26	2.34
I feel a sense of spiritual community and connection with other people who are in the support program	4.11	2.76
Workers in the support program understand my spiritual needs	3.84	2.64
The program has sufficient facilities to cater for spiritual growth	3.50	2.43

Note. $N = 38$.

Consistent with Table 9, a large proportion of participants strongly agreed to the statements of “I feel a sense of spiritual community and connection with other people who are in the support program” ($n = 16$, 42.1%) and “Workers in the support program understand my spiritual needs” ($n = 12$, 31.6%). A good proportion of the respondents ($n = 6$, 15.6%) responded “somewhat agree” to the statement “Workers in the support

program understand my spiritual needs.” On the other hand, a large proportion of the participants strongly disagreed with the statement “I feel that I now have a sense of direction in my life” ($n = 17, 44.7\%$; see Table 10).

Table 10*Spiritual Well-Being Likert Scale Responses (Frequency and Percentage)*

Survey item	Response on Likert scale	Frequency	%
I feel that I now have a sense of direction in my life	Strongly disagree	17	44.7%
	Disagree	1	2.6%
	Somewhat disagree	3	7.9%
	Neither agree nor disagree	0	0.0%
	Somewhat agree	8	21.1%
	Agree	0	0.0%
	Strongly agree	9	23.7%
I often engage in mindfulness or meditation practices facilitated by the program	Strongly disagree	13	34.2%
	Disagree	7	18.4%
	Somewhat disagree	3	7.9%
	Neither agree nor disagree	3	7.9%
	Somewhat agree	4	10.5%
	Agree	0	0.0%
	Strongly agree	8	21.1%
I feel a sense of spiritual community and connection with other people who are in the support program	Strongly disagree	15	39.5%
	Disagree	0	0.0%
	Somewhat disagree	1	2.6%
	Neither agree nor disagree	4	10.5%
	Somewhat agree	2	5.3%
	Agree	0	0.0%
	Strongly agree	16	42.1%
Workers in the support program understand my spiritual needs	Strongly disagree	16	42.1%
	Disagree	0	0.0%
	Somewhat disagree	0	0.0%
	Neither agree nor disagree	4	10.5%
	Somewhat agree	6	15.8%
	Agree	0	0.0%
	Strongly agree	12	31.6%
The program has sufficient facilities to cater for spiritual growth	Strongly disagree	15	39.5%
	Disagree	1	2.6%
	Somewhat disagree	3	7.9%
	Neither agree nor disagree	6	15.8%
	Somewhat agree	4	10.5%
	Agree	0	0.0%
	Strongly agree	9	23.7%

Note. $N = 38$.

Implications of Findings

The findings of this study revealed that in terms of overall well-being, the consumers of the caregiver support program viewed the services provided by the client organization as slightly above average. This is an indication that even though there are aspects of the program that need improvement, the program had a positive impact on the well-being on the consumers. More specifically, it was found that consumers benefitted more from the program on the aspects of mental and spiritual well-being as compared to physical well-being.

Physical Well-Being

The consumers of the program viewed the physical well-being provisions of the caregiver support program as slightly below average. This means that based on the responses from the consumers, the program has not been able to effectively help the consumers handle their physical responsibilities well. Other concerns on the program regarding the physical aspects of well-being include the program not performing highly on helping beneficiaries of the program to feel calm, relaxed, active, and vigorous. On overall, the consumers of the program were not satisfied with the measures put in place by the program to cater to their physical welfare.

Mental Well-Being

A moderately average level of mental support well-being was reported by consumers of the program. In this aspect, there are areas where the program was shown to be highly effective. For instance, the consumers of the caregiver support program strongly indicated to have found program as a safe and dependable avenue. This shows

that the program has been generally successful in enhancing the mental well-being of its beneficiaries. On the other hand, it was found that the program fell short of helping its consumers feel more positively about themselves and other things in life. A good number of consumers of the program also reported that they do not find their daily lives as being filled with things that interest them.

Spiritual Well-Being

Consumers of the caregiver support program viewed the spiritual well-being provisions of the caregivers' support program as moderately above average. The program therefore generally performed well in this aspect, even though there is a room for improvement to facilitate better spiritual well-being. The program was viewed as highly effective in helping its beneficiaries feel a sense of spiritual community and connection with other people who are in the support program. The consumers of the program reported that the workers in the support program understood their spiritual needs. This is a good indication that the program possibly has sufficient infrastructure to address the spiritual needs of most consumers of the program. The program however fell short of helping the consumers feel like they have a sense of direction in their lives. It was also noted that the program was not efficient in facilitating mindfulness or meditation practices.

Deliverables and Recommendations

Recommendations

The overall view of the consumers of the caregiver support program was that the program improved the well-being of its consumers. Still, potential areas of improvement emerged.

This study revealed that out of the three well-being aspects that were evaluated, more focus needs to be exerted on improving the physical well-being of consumers of the caregiver support program. There is a need to invest and put in place stronger infrastructure to take care of the physical well-being needs of the consumers of the program. These could include diverse and more considerate exercise programs, sporting activities, guidelines on how to improve one's physical well-being or even giving the consumers room to suggest any specific activities that they may find helpful to their physical well-being. This recommendation is in line with the findings of Ngamasana et al. (2023) who investigated the physical and mental health of informal caregivers in the United States. The researchers found out that resources for caregivers should be expanded and availed through institutional mechanisms, to support them through the physical and mental health burden they bear.

To provide effective and professional physical well-being support, caregivers' support programs should employ nurses to facilitate proper assessment and provision of physical well-being support (Glajchen, 2012). Physical well-being support measures for caregivers also need to put fatigue and burnout into consideration. From their study, Settineri et al. (2019) identified that fatigue and burnout to be some of the undesirable

outcomes of offering caregiving support that should be addressed when helping caregivers.

To enhance mental well-being of the consumers, the managers of the program should introduce activities that will foster positive emotions and interests in the daily lives of the consumers of the support program. Although there is a good sense of community and understanding among the consumers of the program, managers of the program should also provide more opportunities to support consumers of the program in finding purpose and direction.

Deliverable

The results of this study informed the interpretation of how consumers view the caregivers' support program in regards to their well-being. Based on the findings, recommendations were drawn and included in the brief summary that was prepared for the client organization (see Appendix C).

Implications for Positive Social Change

The findings of this study will potentially help the client organization make informed decisions regarding the effectiveness of services they offer to caregivers. By identifying specific areas of concern such as physical well-being, the information derived from this study will especially help the organization channel its resources to the department of the organization that requires more focus. The outcomes of this study will therefore encourage creation of dedicated arrangements geared at improving the well-being of caregivers. This will in turn contribute to positive social change by enhancing

the caregivers' quality of life and the quality of life of those taken care of by the caregivers.

The findings of this study are also evidence of the current situation as well as the needs of the client organization. The management can use them when soliciting grant funding from outside sources. Further, the implementation of this study's recommendations will facilitate a more holistic support system for caregivers in the program.

Evidence of Trustworthiness

Credibility in this study was facilitated by ensuring that the link to survey was sent to and completed independently by each of the study's participants. The reliability of the survey items used in the study was further evaluated using Cronbach's alpha coefficient. To ensure transferability in this study, only the participants who had benefitted from the caregivers' support program for at least 2 weeks were allowed to complete the survey.

Strengths and Limitations of the Study

An important strength of this study is the fact that it majorly involved participants who had participated in the support program for more than 1 year. Presence in the program for such long durations facilitated the accuracy of the responses given by the study participants. The study however also majorly comprised of older participants. This may have influenced the finding that the participants of the study experienced concern on their physical well-being. In addition, the study had a small sample size of 38 participants which could limit the generalizability of the findings.

Recommendations for Future Research

To enhance credibility of the findings, future research should consider more heterogeneous populations of people receiving caregiver support. Furthermore, inferential statistical tests could be used to analyze the data to facilitate the making of more informed decisions. The findings of this study indicate that there is a need to learn more about caregivers' physical needs and how caregiver support programs can help meet these needs. Therefore, more research should focus on investigating more about the needs of caregivers pertaining to their physical wellbeing.

Summary

This section detailed the data collection and data analysis phases of this study. The findings of the study revealed that on overall, the consumers of the caregiver support program viewed well-being derived from the services provided by the client organization as slightly above average. The consumers of the caregiver support program reported moderate well-being scores in both mental well-being and spiritual well-being. Slightly below average scores were however reported for the physical well-being. Based on the findings, there is a need to invest more in the physical well-being needs of the consumers of the program. Section 5 will contain the dissemination plan of the results and conclusion of study.

Section 5: Dissemination Plan and Conclusion

Dissemination Plan

Through this quantitative study, I developed and administered a consumer satisfaction survey to evaluate the efficacy of a caregiver support program from the perspective of the consumers. The findings of this study will be disseminated to the relevant stakeholders through a number of ways. First of all, I will present a brief two-page summary of the findings to the client organization in the form of a Microsoft Word document (see Appendix C). Through the list of email addresses provided to me in the earlier data collection stage of the study, I will also email this brief summary to all the caregivers who had been invited to participate in the study. In this way, those who participated in the survey will get a copy of the study findings together with any other caregivers who may be interested in the findings. In addition, I will provide the completed PAS to the managers of the client organization. The findings will also be disseminated to the managers of the client organization through a PowerPoint presentation. The presentation will include a summary of the PAS, but I will also focus on underscoring the strengths and weaknesses associated with the efficacy of the caregiver support program along with my final recommendations.

Summary

In this quantitative study, I used a consumer satisfaction survey to collect the views of consumers of a caregiver support program on how the program affected their well-being. The study was grounded by the PERMA model, which is a framework that helps measure, manage, and develop well-being in different settings. The model, a

mnemonic of the five aspects (i.e., positive emotions, engagement, relationships, meaning, and accomplishment), informed the creation of the consumer satisfaction survey for the study. I collected the data for this study via the Survey Monkey online data collection platform from 38 participants. The reliability analysis of the variables was conducted using Cronbach's alpha coefficient on SPSS. The findings of the study revealed that overall, the consumers of the caregiver support program viewed well-being derived from the services provided by the client organization as slightly above average. The participants reported moderate well-being scores in both mental and spiritual well-being. However, slightly below average scores were reported for physical well-being. Based on these findings, there is a need to invest more in the physical well-being needs of the consumers of the program.

The findings of this study, together with the previously existing information garnered from the reviewed literature, provide rich insights on how managers of the caregiver support program can better the well-being of the beneficiaries of the program. The literature demonstrated how human services programs, such as the caregiver support program, are helpful in promoting positive outcomes among people and helping address unmet needs in the society (Fichtenberg et al., 2020; Fletcher & Walker, 2023; Mosley & Smith, 2018). The current study showed that substantial effort needs to be placed on meeting the physical well-being needs of consumers of the caregiver support program. Managers of the program need to introduce regular physical exercises and sporting activities as an equally important ingredient in the curriculum of the program. Activities, such as evening football games and other athletic events, will increase the stamina and

endurance capacity of the caregivers as well as facilitate a better supply of oxygen to their muscles, hence keeping them healthy (see Wang & Ashokan, 2021). For the caregivers who are more advanced in age or who may have conditions that would limit their participation in rigorous activities, a lighter exercising approach should be adopted, such as regular walks and stationary oriented exercises like stretching. Such low-intensity activities will help improve both the physical and cognitive health status of the older adults or the more physically vulnerable (Tse et al., 2015). These activities will also induce better exercise adherence as opposed to the rigorous activities that would be potentially harmful to such people. Such participation in exercise will also improve the caregivers' health, quality of their lives, and physical function. Further benefits of exercising activities include decreased cardiovascular mortality and better functioning of the brain (Tse et al., 2015). The managers of the program should therefore allocate enough resources to address the insights provided from this study (see Ngamasana et al., 2023).

Managers of the program should also procure the services of professionals, such as nurses, community health workers, and physiotherapists, who can perpetually facilitate good physical well-being outcomes among the caregivers (see Austin et al., 2011, Glajchen, 2012; Petry et al., 2022). The program largely depends on well-wishers and volunteers to help with different activities. While it is a good initiative to bring volunteers on board, there is no guarantee that there will always be experienced professionals at every given point in time in the program. Physiotherapy services should be offered to help relief fatigue, muscle pain, and other physical-related aspects.

The findings of this study are also likely to help several other institutions and organizations beyond the client organization of this PAS. Other organizations providing support to caregivers can use the results to improve the efficacy of their service delivery techniques. Furthermore, the findings of this study are likely to inform policymakers, health care providers, and caregiver support groups on the well-being needs of caregivers.

Caregivers are an integral part of society because they selflessly put their needs aside and commit a lot of time and energy to taking care of loved ones or other people in need of care. The findings of this study have shown that more emphasis needs to be given to the physical well-being of caregivers. Because of their importance, it is necessary for everyone in society to do everything possible to facilitate better outcomes for caregivers that are in support programs.

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Appendix A: The PERMA-Profiler Questions Permission to Use

Use of the Measure

The measure can be taken online at www.authentichappiness.org for free, after registering. (This will give you your scores and report, but not the data; if you want to collect data with the measure, you will need to set up your own survey with the questions, following the instructions below.)

You are welcome to use the measure **for noncommercial research or assessment purposes**, giving credit as noted below. There is no cost involved in using the measure for these purposes.

Before using the measure, please read through this document, and register by completing [this form](#).

Please cite the measure as:

Butler, J., & Kern, M. L. (2016). The PERMA-Profiler: A brief multidimensional measure of flourishing. *International Journal of Wellbeing*, 6(3), 1-48. doi:10.5502/ijw.v6i3.1

For commercial purposes, please contact the Penn Center for Innovation (pciinfo@pci.upenn.edu).

Appendix B: SPSS Output

Reliability Analysis**Scale: Physical Well-being****Reliability Statistics**

Cronbach's Alpha	N of Items
.692	6

Item Statistics

	Mean	Std. Deviation	N
I am able to handle my physical responsibilities well	3.71	2.750	38
The program has up to date equipment for physical exercises for caregivers	3.37	2.318	38
I have felt calm and relaxed	3.47	2.699	38
I have felt active and vigorous	3.37	2.432	38
I wake up feeling fresh and rested	3.47	2.413	38
Overall, I am satisfied with the measures put in place by the program to cater for my physical welfare	3.32	2.473	38

Scale: Mental Well-being**Reliability Statistics**

Cronbach's Alpha	N of Items
.783	6

Item Statistics

	Mean	Std. Deviation	N
I feel satisfied with my personal relationships with other people	3.71	2.894	38
I feel excited and interested in things	3.68	2.742	38
I find the support program safe and dependable	4.11	2.920	38
I have felt cheerful in good spirits	3.71	2.828	38
My daily life has been filled with things that interest me	3.26	2.575	38
I often feel positive	3.34	2.754	38

Scale: Spiritual Well-being**Reliability Statistics**

Cronbach's Alpha	N of Items
.768	5

Item Statistics

	Mean	Std. Deviation	N
I feel that I now have a sense of direction in my life	3.45	2.533	38
I often engage in mindfulness or meditation practices facilitated by the program	3.26	2.344	38
I feel a sense of spiritual community and connection with other people who are in the support program	4.11	2.759	38
Workers in the support program understand my spiritual needs	3.84	2.636	38
The program has sufficient facilities to cater for spiritual growth	3.50	2.425	38

Appendix C: Summary of the Results

The influence of caregivers' support program on consumer well-being

Introduction: Caregivers are an integral part of our society. They selflessly put their needs aside and commit a lot of time and energy taking care of loved ones or other people in need of care. Research has shown caregiving to be a potential burden for the well-being of caregivers. The purpose of this quantitative study was to develop and administer a consumer satisfaction survey that will evaluate the efficacy of the caregivers' support program services from the consumer perspective.

Research question of the study: How do the caregiver consumers of the non-profit organization view the services provided?

Theoretical framework: The study was grounded by the PERMA model - a framework that helps measure, manage, and develop well-being in different settings. The model, a mnemonic of the five aspects: positive emotions, engagement, relationships, meaning, and accomplishment, informed the creation of the consumer satisfaction survey for the study.

Data collection: In this quantitative study, a consumer satisfaction survey was used to collect the views of consumers of a caregivers' support program on how the program affected the well-being of the consumers.

- Data used in this study was collected via the Survey Monkey online data collection platform and the study utilized a total of 38 valid responses.

Data Analysis: The reliability analysis of the variables was conducted using Cronbach's alpha coefficient on SPSS.

- Data was analyzed using SPSS software - frequency distribution tables, mean and standard deviation descriptive statistics and graphs.

Findings: The findings of the study revealed that on overall, the consumers of the caregivers' support program viewed well-being derived from the services provided by the client organization as slightly above average.

- The consumers of the caregivers' support program reported moderate well-being scores in both mental well-being and spiritual well-being.
- Slightly below average scores were however reported for the physical well-being.
- Based on the findings, there is a need to invest more in the physical well-being needs of the consumers of the program.

Recommendations:

The overall view of the consumers of the caregivers' support program was that the program improved the well-being of its consumers. Still, potential areas of improvement emerged:

- More focus needs to be exerted on improving the physical well-being of consumers of the caregivers' support program.
 - There is a need to invest and put in place stronger infrastructure to take care of the physical well-being needs of the consumers of the program.
 - These could include diverse and more considerate exercise programs, sporting activities, guidelines on how to improve one's physical well-being or even giving the consumers room to suggest any specific activities that they may find helpful to their physical well-being.

- To provide effective and professional physical well-being support, the program should consider employing nurses to facilitate proper assessment and provision of physical well-being support.
- Physical well-being support measures for caregivers also need to put fatigue and burnout into consideration.
- To enhance mental well-being of the consumers, the managers of the program should introduce activities that will foster positive emotions and interests in the daily lives of the consumers of the support program.