

Relationship Between the Ability to Care and the Overload of Caregiver of People with Chronic Disease in Colombia

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GRUPO DE INVESTIGACIÓN EN CUIDADO DE ENFERMERÍA AL PACIENTE CRÓNICO

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BACKGROUND



It has been explored the relationship between burden and gender of the caregiver, the time spent caring, depressive symptoms and social support, but not yet explored the relationship between the burden and caring ability of family caregiver.

OBJECTIVE

To determine the relationship between the variables caregiver burden and caring ability of family caregivers of people with chronic non transmissible disease (CNTD) and to determine this relationship in the Colombian regions (Amazon, Caribbean, Andean, Pacific).

METHOD

Quantitative and correlational approach.

Sample: 2,040 family caregivers of people with chronic disease in Colombia The statistic of choice to determine the relationship between the two variables was the Spearman Rho coefficient.

Instruments:

Zarit Overload Interview (1980), - dimensions of impact, interpersonal, skills and expectations

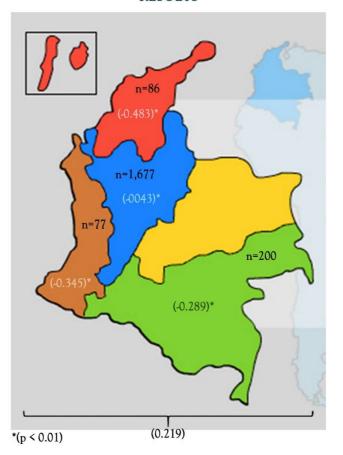
Caring Ability Inventory (CAI) proposed by Nkongho (1990), - Dimensions Knowledge, Courage and Patience.

Participation in the study was voluntary, and informed consent process was performed.

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RESULTS



CONCLUSION

In Colombia and Amazon, Pacific and Caribbean regions, a relationship between the two variables is observed, suggesting that the greater the caring ability, the less the caregiver overload. This may be in connection with some associated cultural protective factors that have yet to be explored. Finding no relationship between the two variables in the Andean region, it is assumed that for this population these variables operate independently and that their comparative evaluation does not determine the improvement of the status of the caregiver.

FUTURE RESEARCH

The results reported form part of validation of "Modelo para disminuir la carga del cuidado de la enfermedad crónica en Colombia"/"Model to reduce care burden of chronic disease in Colombia", on care person:

"Family Caregiver". It draws from the assumption that caregiver burden decreases by improving the caring ability. Furthermore, we count on project called "Cuidando a los cuidadores@"/"Caring for caregivers", which is known as the most appropriate intervention to improve the caring ability in their three components: Knowledge, Courage, and Patience to redound to cargiver burden. To confirm this hypothesis, the intervention will be continued throughout Colombia. By virtue of clinical care and institutional settings, the intervention has a short version, which consists of four sessions of two hours each one. Moreover, it includes a standardized mini-book and it requires nurse training to guide sessions.

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