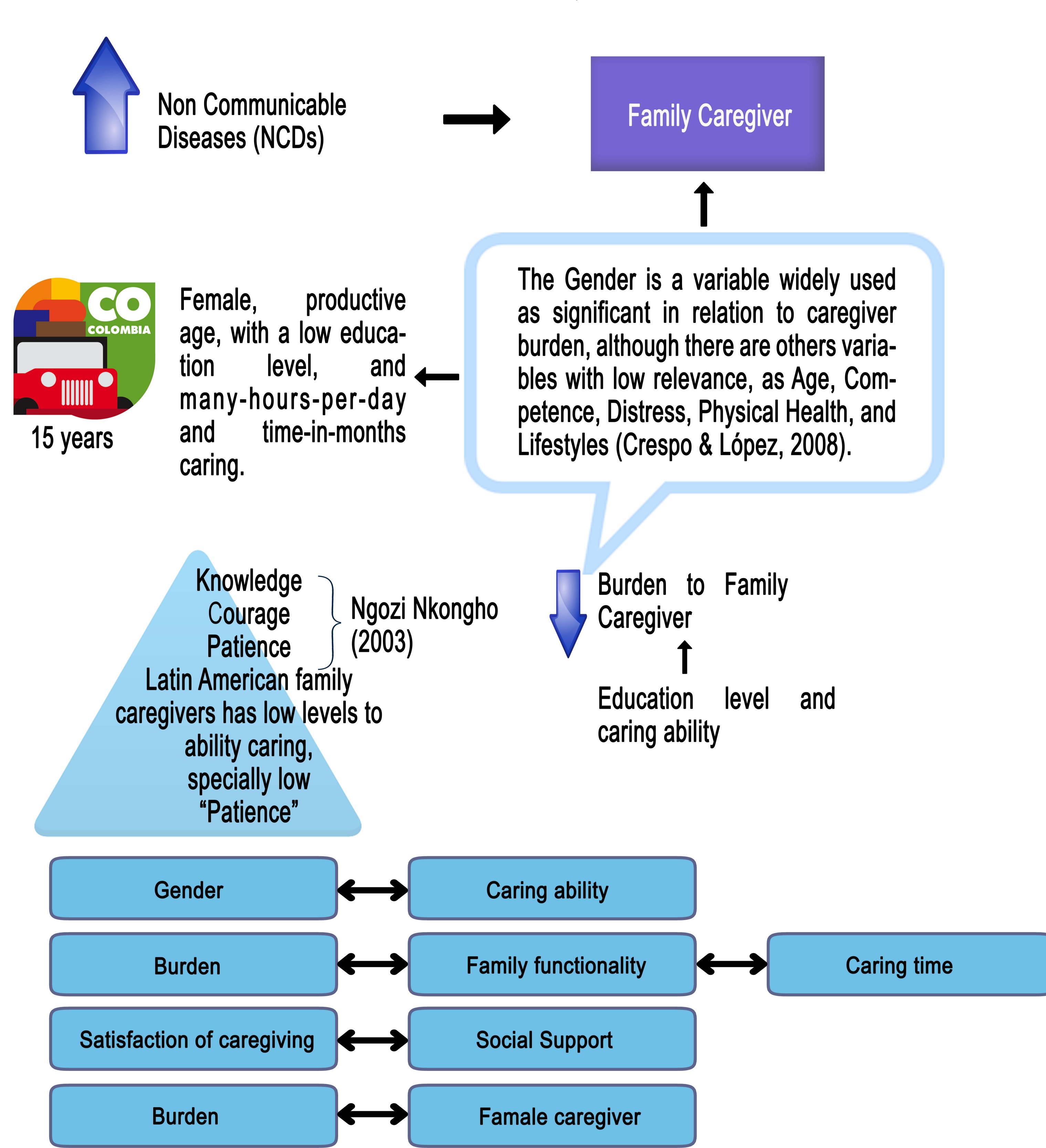
GROUPS OF FAMILY CAREGIVERS IN COLOMBIA: PROFILE, CAREGIVING ABILITY AND BURDEN

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Objective: To explore the correlation between socio-demographic variables, caregiver burden and caring ability in a sample of caregivers of people with chronic diseases in Colombia, in order to understand how they establish groups and how data are grouped in accordance with correlation between variables.

Method: Quantitative and descriptive study. Sample: 1,137 family caregivers-Amazonian (17.6%), Andean (61.6%), Caribbean (7.6%), Pacific (12.8%), and Orinoco (0.4%). The inclusion criteria used were: family caregiver of person with NDC; experience as a caregiver at least six months, and to be over 18 years of age. The exclusion criteria used were: difficulty in communicating with other verbally, and patient with critical illness at the moment of the interview. Instrumens:

- 1. Characterization record card of the dyad —patient with critical illness-family caregiver— (Chaparro, Sánchez & Carrillo, 2014);
- 2. Caring Ability Inventory (CAI) (Nkongho, 2003)
- 3. Zarit Burden Interview (ZBI) (Breinbauer et al., 2009).

Analysis: A factor analysis and a k-means clustering were carried out.

RESULTS

Group		Centroid	
		Axis 1 - X	Axis 2- Y
Group 1	703	-0.27	0.062
Group 2	144	-1.58	-0,57
Group 3	90	-0.66	1.79
Group 4	200	2.07	-0.08

Group 1. 703 caregivers from Santander, Nariño, Cundinamarca, Boyacá, and Chocó—Colombian Departments. They are female caregivers and they are supported by other caregivers, with a medium education level, without defined occupation, married, and with medium level of religious commitment. They take care of patient since disease diagnosis and they have an intensive burden.

Group 3. 90 caregivers from Caribbean region and rural area —Departments of Cesar, Magdalena, La Guajira and Bolívar. They are female caregivers, with a medium education level, sole family caregivers —that is say, without support of other caregiver—; they take care of patient since disease diagnosis and they have low level of religious commitment. The caring ability of this group is middle and low.

Group 2. 144 caregivers from central area of country —Andean region— and urban area of Norte de Santander. They are male caregivers, with high level of religious commitment and in common-law marriage. Caregivers of this group have an intensive burden and low caring ability; they take care of patient since disease diagnosis.

Group 4. 200 caregivers from Amazonas region —from urban area of Putumayo—, with a low education level, singles, with an occupation and high level of religious commitment. Some of them are supported by other caregivers. It is worth highlighting that they have high caring ability, but they do not report burden.

Conclusion: The groups of the sample reflect the cultural diversity of Colombia and the need to provide continuity to studies that explore socio-cultural factors, which may be able to influence the caring ability and the level of caregiver burden, in accordance with their region of origin.

More information: Carreño Moreno S, Chaparro Díaz L. Agrupaciones de cuidadores familiares en Colombia: perfil, habilidad de cuidado y sobrecarga. Pensamiento Psicológico. 2017. 15(1): 87-101.







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