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Nursing Intervention Program and the Burden of Family Caregivers

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Introduction

In Portugal, it is estimated that there are about 110000 people dependent on self-care within the family [1]. Family caregivers are essential to ensure the provision of the necessary care to the dependent person, thus ensuring the satisfaction of their most elementary needs [2, 3]. The provision of care is an extremely stressful process with several obstacles [4, 5], in which the moments of stress are permanent, requiring adaptations, regular transitions and adjustments to the role played [6]. To face these diverse challenges, the caregiver uses different types of coping strategies, in order to overcome the different obstacles that he faces.

Objective

To determine which are the main coping strategies used by family caregivers, before and after the implementation of a Nursing Intervention Program.

Methodology

A quasi-experimental study was carried out, with the implementation and evaluation of a nursing intervention program in 70 family caregivers, using a mixed methodology and contributions from action research [7]. In order to determine coping strategies, the Brief Cope Questionnaire [8, 9] was completed in two stages, in an evaluation and final. The set of collected information was stored and processed using the statistical program SPSS (Statistical Package for the Social Sciences) version 23.0 [10, 11].

Results

In the initial assessment, caregivers resorted more to strategies that allowed them to initiate an action or make efforts to remove or circumscribe the stressor agent (Active Coping; $M = 6.90$ and $SD = 1.35$), to think about how confront the stressor, plan active coping efforts (Plan; $M = 6.40$ and $SD = 1.17$) and increase participation in religious activities (Religion; $M = 6.64$ and $SD = 2.05$). In addition, they also used strategies such as mental disinvestment of the objective with which the stressor agent was interfering, through the awake dream, sleep or self distraction (Self Distraction; $M = 4.99$ and $SD = 1.56$), strategies to achieve sympathy or emotional support from someone (Using Social and Emotional Support; $M = 5.40$ and $SD = 2.12$) and tried to get the best of the situation by growing from it, or by analyzing it in a more favorable way (Positive Reinterpretation ; $M = 5.53$ and $SD = 1.60$). In the final assessment, the strategies most used by family caregivers were of the same gender, however, they resorted to them on a greater number of occasions. In this way, their averages increased, namely Active Coping ($M = 7.65$ and $SD = 0.91$), Planning ($M = 7.18$ and $SD = 0.93$) and Religion ($M = 7.13$ and $SD = 1.73$). In addition to these, and similarly to the first moment, they also resorted to Self Distraction ($M = 6.00$ and $SD = 1.53$), Using Social and Emotional Support ($M = 6.21$ and $SD = 1.87$) and Positive Reinterpretation ($M = 6.15$ and $SD = 1.35$).

Keywords:
Family Caregivers; Coping
strategies; Intervention Program;
Transition

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Conclusion

There was an increase in strategies focused on problem solving, starting to use more active coping strategies in face of the agents that cause stress, ceasing to be so passive. The differences found at the end are not statically significant compared to the initial assessment. Although caregivers started to resort to a more diverse number of coping strategies, more frequently, it was not possible to clearly identify the predominant style.

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