

Social Support and Prevention of the Vulnerability Psychosocial in Bigger Caretakers of Adults with Insanity

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ABSTRACT

Background: One of the illnesses that more deterioration functional and bigger stress provides to the caretaker is the insanity.

Objective: To propose a program of social support for the prevention of the vulnerability psychosocial in bigger caretakers of adults with insanity residents in Santa Clara. The investigation embraced one period from January 2020 to January 2022 in a mental center health "Chiqui Gómez".

Method: Was carried out a study descriptive, retrospective, for sampling intentional non probabilistic composed by 11 bigger caretakers of adults. It gathers it of the data was carried out through the empiric method the questionnaire and for the analysis of the data the statistical calculation was used.

Results: It allowed the introduction of improvements in their design toward bigger caretakers of adults with insanity.

Conclusions: It contributed to the establishment of a logical and coherent articulation among the specific objectives and the projects psychosocial that compose the program.

Keywords: Social support, Vulnerability psychosocial, Caretakers, Bigger adults, Insanity

INTRODUCTION

This is an illness of the central nervous system, given by alterations of the processes mental superiors that it modifies the personality and the behavior of people that you/they suffer it. Although some types of insanity can be presented before the 60 years, the great majority of them appear after this age and it is duplicated by every decade of the life. This means that, as the aging index is increased, the risk increases of suffering this illness, which has a high cost at individual, family and social level.

Is considered that the prevalence of the insanity in Cuba. This is an affection of progressive and irreversible character that you grieve bill with a treatment medicaments for the symptoms cognitive and behaviors that are presented, the one that is extremely expensive and inaccessible and, on the other hand, it hardly solves the patient's problem, for what all the non-pharmacological interventions that are carried out are valid to improve the quality of people's life that suffer it, and of the family [1].

The biggest caretakers of adults with insanity are affected in the physical, psychic and socioeconomic order, what bears to a high stress that rebounds in the quality of the offered care and in the evolution of the illness.

The prevention of the vulnerability psychosocial in bigger caretakers of adults with insanity has motivated multiple investigations with different you focus interventions, among those that studies stand out recently carried out in Spain [1-3].

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The phenomenon that exists around this real problem, conditioned the position of the following scientific problem in the present investigation: How to contribute to the prevention of the vulnerability psychosocial in bigger caretakers of adults with insanity residents in Santa Clara?

General objective: to propose a program of social support for the prevention of the vulnerability psychosocial in bigger caretakers of adults with insanity residents in Santa Clara.

METHODS

The investigation adopted an interpretive constructive qualitative methodological focus, for sampling intentional non probabilistic composed by 11 bigger caretakers of adults from a community health area belonging to the “Chiqui Gómez” policlinic of Santa Clara municipality, in the period from January 2020 to January 2022, with the objective of propose a program of social support for the prevention of the vulnerability psychosocial in bigger caretakers of adults with insanity residents in Santa Clara and previously informed consent to participate in the study.

Theoretical level:

- **Synthetic analytical:** It made possible the interpretation of each one of the studied texts, to confirm the criterion assumed in the epigraphs and paragraphs, as well as to particularize in the data obtained in the surveys to integrate them and to establish the corresponding generalizations.
- **Inductive-deductive:** It facilitated going from the particular to the general in each of the analysis carried out in the theoretical study and in the processing of the obtained information.
- **Generalization:** It allowed the establishment of the regularities that were revealed in the study carried out.

Empiric level:

- **Questionnaire:** Contributed to identify social perception of the insanity in bigger caretakers of adults.
- **Questionnaire:** MOS of perceived social support, mentioned in Grace [4].

Collection of the information

To begin the development of the investigation was carried out a bibliographical revision of the topic making a meticulous analysis of the most excellent aspects in the Cuban means as at international level. It was used as technical, the documental revision that included individual clinical histories and it was applied a questionnaire with the objective of obtaining information.

Statistical prosecution

In the prosecution of the obtained data the tool ATLAS.ti was used, software that allowed the elaboration of graphics, analysis of frequencies and of concurrencies of codes [5,6].

RESULTS

Significance of the illness

The biggest caretakers of adults with insanity that become subject of the investigation associated the list that carry out to a state of physical and mental exhaustion that bears symptoms that are usually overload indications as the persistent fatigue, the dysfunctions of the dream, the psychomedicare consumption, the irritability, the isolation social the high levels of anxiety and esters. This state represents a risk for the caretaker's health and in consequence it can affect the care that this it provides to the old men affected with the referred illness.

They were associate 13 words that emerged in 66 occasions, which configure two indicators of subjective content that mention to psychological clinical symptoms and experiences of life, states of spirit and confrontation resources (**Graphic 1**).

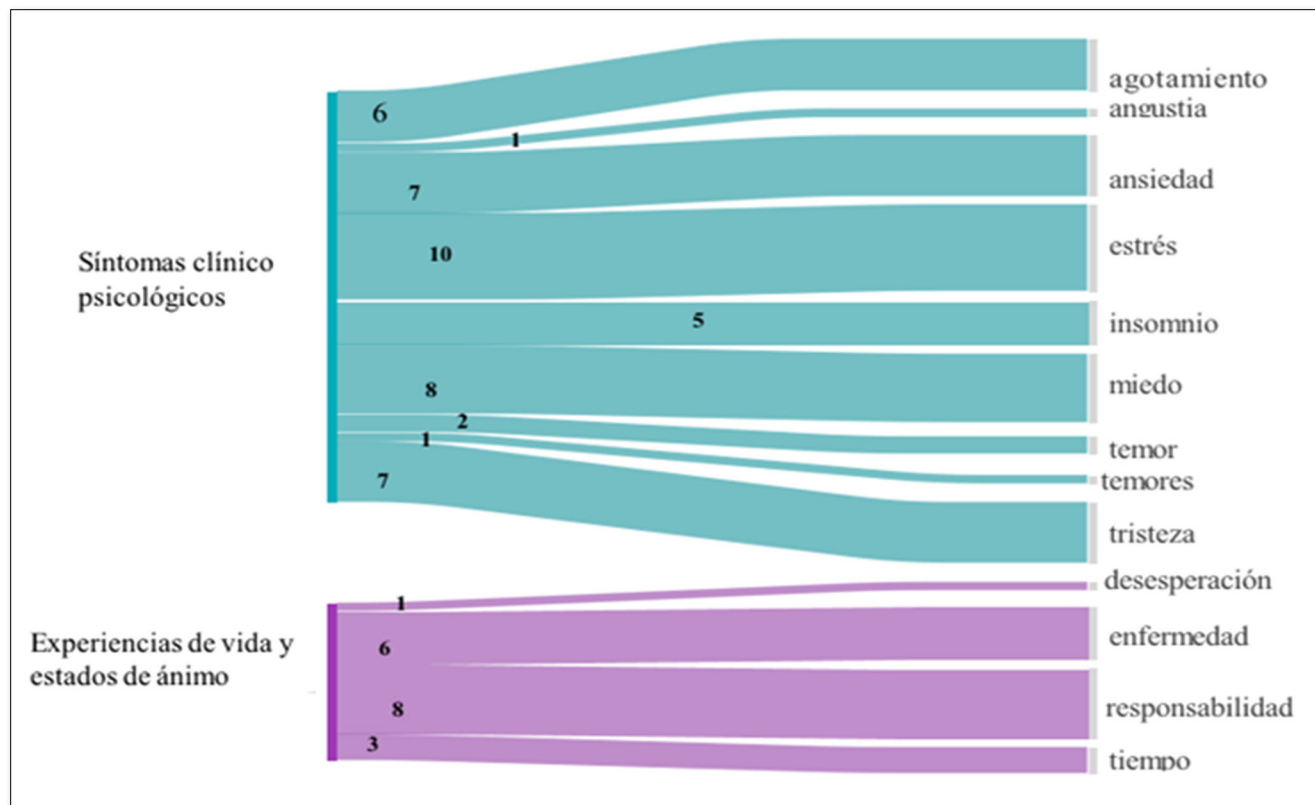


Graphic 1. Cloud of words associated to bigger caretakers of adults meaning with insanity. The authors' elaboration, 2022.

Source: Own elaboration

The indicator of content subjective psychological clinical symptoms associates to vivencias of fear (fear, fears), anxiety, sadness (it anguishes), insomnia and esters (exhaustion). The indicator of content subjective experiences of life, states of spirit and confrontation resources imply illness, desperation, responsibility and time.

The biggest frequencies in appearance of these 13 words associated to the list that the biggest caretakers of adults carry out with insanities oscillate between 6 and 10 values, while the order of evocation of the same ones reveals their highest expression levels between 4.00 and 6.00 (**Graphic 2**).



Graphic 2. Diagram Sankey about the frequency of appearance of the words associated to bigger caretakers of adults meaning with insanity. The authors' elaboration, 2022.

Source: Own elaboration

In this order they are reflected values of frequency 17, 11 and 8 in relation to psychological clinical symptoms as the stress, the fear and the sadness; as well as value 8 regarding the responsibility like confrontation resource to the care that you/they provide to the old men affected with the referred illness.

DISCUSSION

They sustain that a project consists to each other on the proposal and realization of a group of processes and articulate activities, with the purpose of transforming a parcel of the reality, to produce certain goods or services to satisfy necessities, diminishing or eliminating a deficit, or solving a concrete problem, in a period of given time and with the assignment of certain resources, material human [7,8].

The interrelated activities and coordinated they are carried out to reach the goals and proposed objectives; while the

tasks are the group of actions that they conform an activity [9].

Following the structure of the recently proposed scientific result [10], the program of social support for the prevention of the vulnerability psychosocial in bigger caretakers of adults with insanity residents in Santa Clara is organized in three projects located at individual, family and community level.

In that sense to have spaces of trust to share emotions, problems or difficulties, to listen their opinion, or simply to have the sensation of being listened and accepted as people, has demonstrated to have a strong one I impact in the person's capacity to confront difficult situations and stress appropriately [11-15].

The prevention of the vulnerability psychosocial in bigger caretakers of adults with insanity implies to accompany to the basic team of health for the control of these people in the

community, based on the objectives and tasks that correspond to the services of the primary attention of health and the character psychosocial of the approached problem [16].

With regard to the foundations psychosocially the experts coincided in the coherence and theoretical content related to the ends of the program. The suggestion of improvement was directed to the necessity of its organization in specific foundations according to the theoretical aspect that proposes to sustain working of the program. The improvement was summed up in the group of the contents around the reading of the subjective configuration about the perception of the insanity in bigger caretakers of adults affected with this illness in terms of necessities of social support, the integral character, procedural and systemic of the social support to bigger caretakers of adults with insanity, and the social support as invigoration resource for the prevention of the vulnerability psychosocial in bigger caretakers of adults with insanity.

With regard to the organization of the program it was analyzed that the objectives were not in the beneficiaries' function neither they contained the intention of the projects, that which became more evident in their derivation like specific objectives. This way, it was necessary formulary the objectives of the program and those of each project.

CONCLUSIONS

The subjective configuration of the perception on the social support for the prevention of the vulnerability psychosocial in bigger caretakers of adults with insanity residents in Santa Clara, was built in an understanding theoretical model through three sense nuclei and its respective indicators of subjective content that organize the experience of the illness and they explain the positioning in relation to its health. The initial evaluation of the program facilitated its improvement starting from the clarification of the foundations psychosocial from its delimitation in remote independent. Also, it allowed the establishment of a logical and coherent articulation among the specific objectives and the projects psychosocial that compose the program, establishing a project in answer to each objective. By way of conclusion it was contributed to the establishment of a logical and coherent articulation among the specific objectives and the projects psychosocial that compose the program.

CONFLICT OF INTEREST

The author declares no conflict of interest.

REFERENCES

1. Reina ME, Ramos Y, Cisneros L, Alcelú M, González M (2018) Characterization of patient with cancer of he/she suckles and their accompanying relatives. *Medisur* 16(1): 47-54.
2. Zayas A, Gómez R, Guil R, Gil P, Jiménez E (2018) Relationship between the resilience and the satisfaction with the life in a sample of women with cancer of suckles. *Cuban Psychol* 1(2): 127-136.
3. Méndez TMA, Cuellar RS, Martín AR (2021) The intervention psychosocial mediated by the subjectivity in the clinical practice of the social support. *J Medcenter Electronic* 25(4): 740-748.
4. Revilla L, Luna J, Bailón E, Medina I (2005) Validation of the questionnaire MOS of Social Support in Primary Attention. *Med Fam* 10(6): 10-18.
5. Fernández C, Granero J, Hernández JM (2020) ATLAS.ti for qualitative investigation in health. España: University of Almería.
6. Hernández R, Mendoza CP (2018) Methodology of the investigation. The quantitative, qualitative and mixed routes. México; McGraw-Hill.
7. Ander-Egg E, Ibáñez MJ (2005) How to elaborate a project: It guides to design social and cultural projects; 18th edn. Buenos Aires: LUMENEN/HVMANITAS.
8. Cohen E, Martínez R (2003) Formulation, evaluation and social projects. Manual, Division of Social Development, CEPAL, Santiago de Chile; Obtenido de. Available online at: <https://www.dds.cepal.org>
9. González DRR, Ruiz CII (2019) Program of intervention psychosocial for the promotion of the integration intercultural in the UCLV. (Tesis de maestría inédita); Central University Central "Marta Abreu" de Las Villas, Psicología, Santa Clara.
10. Martínez A (2019) It programs from social support to athletes of rhythmic gymnastics of the School of Sport Initiation of Cienfuegos for the reincorporation to the sport activity post-COVID-19. (Tesis de maestría inédita); Central University "Marta Abreu" de Las Villas, Villa Clara.
11. Musitu G, Herrero J, Cantera L, Montenegro M (2004) Introduction to the Community Psychology. Barcelona; UCO.
12. Batthyány K, Genta N, Perrota V (2012) The Uruguayan population and the care. It interviews national on social representations of the care. Santiago de Chile; CEPAL.
13. Arrechea DZ (2016) Educational intervention on integral handling of senile insanity for primordial caretakers. *Med Human* 30(3): 58-78.
14. Banchero S, Mihoff M (2017) Grown-ups caretakers: It overloads and affective dimension. Persons. Montevideo; RAU.

15. Osorio O (2017) Vulnerability and age: Implications and orientations epistémicas of the vulnerability concept. *Soc Interstices* 2(13): 32-48.
16. Espín AM (2012) Factors of load risk in bigger informal caretakers of adults with insanity. *Cuban J Public Health* 38(3): 67-80.