

# **Goed toegerust niet uitgeblust: Een zelfhulpcursus voor werkenden belast met mantelzorg om mantelzorgstress en verminderd functioneren op het werk te voorkomen**

Gepubliceerd: 10-11-2015 Laatst bijgewerkt: 18-08-2022

It is predicted that the intervention will reduce levels of caregiver stress, impaired work functioning, distress, care-work interference, and care-family interference, in employed informal caregivers. Furthermore, it is predicted that the...

<b>Ethische beoordeling</b>	Positief advies
<b>Status</b>	Werving nog niet gestart
<b>Type aandoening</b>	-
<b>Onderzoekstype</b>	Interventie onderzoek

## **Samenvatting**

### **ID**

NL-OMON25673

### **Bron**

NTR

### **Verkorte titel**

none

### **Aandoening**

caregiver stress, impaired work functioning

### **Ondersteuning**

**Primaire sponsor:** Coronel Institute of Occupational Health, Academic Medical Center - University of Amsterdam (The Netherlands)

**Overige ondersteuning:** Instituut Gak

# Onderzoeksproduct en/of interventie

## Uitkomstmaten

### Primaire uitkomstmaten

Caregiver stress (as measured with an adapted version of the Caregiver Strain Index of Robinson, 1983).

## Toelichting onderzoek

### Achtergrond van het onderzoek

Employed informal carers (i.e., individuals who hold a paid job and perform informal care activities for a beloved one besides the performance of the paid job) regularly report stress due to their personal situation, and stress undermines the ability to function adequately at work. At the same time, employed informal carers tend to lack clarity about how to perform informal care (i.e., role ambiguity) and regularly have to deal with paid work and family responsibilities versus informal care responsibilities (i.e., role conflict). According to role theory (e.g., Meleis et al., 1975, 2000; Rizzo et al., 1970) such role ambiguity and role conflict represent main sources of stress, and by resolving these with the tailored intervention aimed at reducing role ambiguity and role conflict employed informal carers may experience less stress and a better functioning at work.

### Doel van het onderzoek

It is predicted that the intervention will reduce levels of caregiver stress, impaired work functioning, distress, care-work interference, and care-family interference, in employed informal caregivers. Furthermore, it is predicted that the intervention reduces impaired work functioning because it minimizes caregiver stress (i.e., mediation effect).

### Onderzoeksopzet

Baseline measurement (T1; before assigning the intervention to the intervention group), follow-up measurement 4 weeks and 2 days after assigning the intervention to the intervention group (T2), and follow-up measurement 8 weeks and 2 days after assigning the intervention to the intervention group (T3)

## Onderzoeksproduct en/of interventie

The intervention will be assigned to the intervention group. It is a self-help course that consists of a workbook, and complementary E-health module developed and presented with Xerte online toolkits (Lockley & Reijnders, 2013), containing exercises, texts, and practical

suggestions. The individuals who receive the intervention receive the course and choose and complete elements of the intervention that they consider relevant for their specific informal care situation. The intervention aims to 1) diminish role ambiguity by helping paid workers understand and shape the informal caregiver role, and b) diminish role conflict by helping paid workers combine informal care responsibilities with paid work activities. The materials for the intervention (in Dutch, and tailored for paid workers who have limited amounts of time and help individuals with varying health problems) are adapted versions of existing interventions. The intervention consists of elements adapted from 1) The 'Learning to be a family caregiver program (Ducharme et al., 2009, 2011), 2) a specific stress-management program (Eisen et al., 2008), 3.) The ADAPT-method (Nezu et al., 1998; Washington et al., 2011), 4) the role clarity intervention (Schaubroeck et al., 1993), and 5) general strategies for helping informal caregivers (e.g., Barbosa et al., 2011). No treatment is given to the individuals assigned to the comparison group (i.e., non-active and non-placebo control group) until after the final measurement in the research.

## Contactpersonen

### Publiek

Coronel Institute of Occupational Health, Academic Medical Center - University of Amsterdam,  
Edwin Boezeman  
Meibergdreef 15

Amsterdam 1105 AZ  
The Netherlands  
+31 0205665340

### Wetenschappelijk

Coronel Institute of Occupational Health, Academic Medical Center - University of Amsterdam,  
Edwin Boezeman  
Meibergdreef 15

Amsterdam 1105 AZ  
The Netherlands  
+31 0205665340

## Deelname eisen

## **Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)**

1.) Performance of informal care activities for a beloved one (e.g., father or mother, romantic partner or child, brother or sister, good friend, etc.), 2.) age 23 to 65 years, 3.) paid work, 4.) male or female.

## **Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)**

Excluded are individuals who do not meet the inclusion criteria

## **Onderzoeksopzet**

### **Opzet**

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blinding:	Enkelblind
Controle:	N.v.t. / onbekend

### **Deelname**

Nederland	
Status:	Werving nog niet gestart
(Verwachte) startdatum:	16-11-2015
Aantal proefpersonen:	150
Type:	Verwachte startdatum

## **Ethische beoordeling**

Positief advies	
Datum:	10-11-2015
Soort:	Eerste indiening

# Registraties

## Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

## Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

## In andere registers

Register	ID
NTR-new	NL5403
NTR-old	NTR5528
Ander register	: 2014-213

# Resultaten

## Samenvatting resultaten

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