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## Personality traits of parents or caregivers of children attending health check-ups at public and private healthcare entities (2013-2015)

*Características de la personalidad de los padres o cuidadores de los menores que asisten a controles de salud en entidades de salud públicas y privadas (2013-2015)*

*Características da personalidade dos pais ou cuidadores acompanhantes de menores nas consultas periódicas em instituições de saúde públicas e privadas (2013-2015)*

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### Abstract

**Introduction.** The study of personality is complex due to a multiplicity of factors (biological, psychological, social and cultural, among others). Traits indicate a personality that is functional (healthy) or dysfunctional (pathological). The most outstanding personality studies focus on personality disorders or abnormalities. In 2017, the World Health Organization (WHO) reported a higher prevalence of bipolar affective disorder (60 million patients), schizophrenia and other psychoses (21 million patients), and dementia (47.5 million patients). However, there are few studies of

mental health in people with a functional personality, as considered in this research. The WHO asserts that mental health is more than the absence of mental disorders and it is an integral part of health, since there is no health without mental health. The objective is to describe the personality traits of parents attending health checkups with their children at public and private healthcare entities (2013-2015). **Methodology.** Descriptive cross-sectional study that assesses 14 personality variables; convenience sample: 145 parents attending health checkups with their children at local public hospitals in Girón and Bucaramanga, and private social company “The Rehabilitation Committee” (Medellín).

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Information was gathered using the sociodemographic questionnaire and the CUIDA Test (Questionnaire for the Assessment of Adoptive Parents, Caregivers, Guardians and Mediators). **Results.** 93.1 % of the parents or caregivers are women and 6.9 % are men; 84.8 % aged between 30 and 59; their socioeconomic levels are 1, 2 and 3; 50 % are single mothers. The parents or caregivers with a functional personality showed weaknesses on test scores, as they showed emotional dependency, low self-esteem, low frustration tolerance, limited flexibility, difficulty in establishing emotional ties and low grief resolution capacity, among others. Few parents had high scores on the factors that benefit the care of their children: between 0 % and 22.9 %. **Conclusions.** In the sample, mostly made up of single mothers, few achieved the high test scores that were expected in people with a functional personality. On the contrary, low scores predominated, which are not very favorable for the care for children's health. Personality traits, whether they are functional or not, are transmitted more in the child rearing process by mothers than by fathers. [Díaz-Gordon P, Ortega-Ortiz ME, Díaz-Cadavid D, Naranjo-García AS. *Personality traits of parents or caregivers of children attending health checkups at public and private healthcare entities (2013-2015)*. MedUNAB.2018;21(2): 29-44. doi:10.29375/01237047.2424]

**Keywords:** Personality; Child Rearing; Parental Responsibility; Maternity; Parent-child relationships.

## Resumen

**Introducción.** El estudio de la personalidad resulta complejo por una multiplicidad de factores (biológicos, psicológicos, sociales, culturales, entre otros). Los rasgos indican personalidad funcional (saludable) o disfuncional (patológica). Los estudios de personalidad más destacados se enfocan en trastornos o alteraciones de la personalidad. En el 2017, la Organización Mundial de la Salud (OMS) reportó una mayor prevalencia del trastorno afectivo bipolar (60 millones de pacientes), la esquizofrenia y otras psicosis (21 millones de pacientes), y la demencia (47,5 millones de pacientes). Sin embargo, son escasos los estudios de salud mental en personas con personalidad funcional, como lo plantea esta investigación. La OMS afirma que la salud mental es más que la ausencia de trastornos mentales y es parte integral de la salud, pues no hay salud sin salud mental. El objetivo es describir los rasgos de personalidad de los padres que asisten con sus hijos a controles de salud en entidades de salud públicas y privadas (2013-2015). **Metodología.** Estudio descriptivo de corte transversal

que evalúa 14 variables de personalidad; muestra por conveniencia: 145 padres que asisten a los controles de salud con sus hijos de hospitales locales, públicos de Girón y Bucaramanga, y la empresa privada de carácter social, “El Comité de Rehabilitación” (Medellín). Se recolectó información con el cuestionario sociodemográfico y el Test CUIDA (Cuestionario para la Evaluación de Adoptantes, Cuidadores, Tutores y Mediadores). **Resultados.** El 93.1 % de los padres o cuidadores son mujeres y el 6.9 %, hombres; el 84.8 % está entre los 30 y 59 años de edad; sus estratos socioeconómicos son 1, 2 y 3; el 50 % son madres cabeza de hogar. Los padres o cuidadores con personalidad funcional, presentaron debilidades en los puntajes de las pruebas, pues manifestaron dependencia emocional, baja autoestima, poca tolerancia a la frustración, poca flexibilidad, dificultad para establecer vínculos afectivos y baja capacidad de resolución de duelo, entre otros. Pocos padres tuvieron puntajes altos en los factores que benefician el cuidado de sus hijos; entre el 0 % y el 22.9 %. **Conclusiones.** En la muestra, compuesta en su mayoría por madres cabeza de hogar, pocas lograron puntajes altos en las pruebas; aquellos que se esperaban en personas con personalidad funcional. Por el contrario, predominaron los puntajes bajos, que poco favorecen el cuidado de la salud de los hijos. Las características de personalidad funcionales o no, son transmitidas en el proceso de crianza maternal más que paternal. [Díaz-Gordon P, Ortega-Ortiz ME, Díaz-Cadavid D, Naranjo-García AS. *Características de la personalidad de los padres o cuidadores de los menores que asisten a controles de salud en entidades de salud públicas y privadas (2013-2015)*. MedUNAB.2018;21(2):29-44. doi:10.29375/01237047.2424]

**Palabras Clave:** Personalidad; Crianza del niño; Responsabilidad Parental; Maternidad; Relaciones Padres-hijo.

## Resumo

**Introdução.** O estudo da personalidade é complexo por uma multiplicidade de fatores (biológicos, psicológicos, sociais, culturais, entre outros). Traços indicam personalidade funcional (saúdável) ou disfuncional (patológica). Os estudos de personalidade mais destacados focam em transtornos ou alterações da personalidade. Em 2017, a Organização Mundial da Saúde (OMS) relatou uma maior prevalência de transtorno afetivo bipolar (60 milhões de pacientes), esquizofrenia e outras psicoses (21 milhões de pacientes), e demência (47.5 milhões de pacientes). Entretanto, existem poucos estudos de saúde mental

em pessoas com personalidade funcional, como sugere esta pesquisa. A OMS afirma que a saúde mental é mais que a ausência de transtornos mentais e é uma parte importante da saúde, já que não há saúde sem saúde mental. O objetivo é descrever os traços de personalidade dos pais que acompanham seus filhos nas consultas periódicas de saúde em instituições de saúde públicas e privadas (2013-2015). **Métodos.** Estudo descritivo transversal que avalia 14 variáveis de personalidade; amostra por conveniência: 145 pais que acompanham seus filhos nas consultas periódicas ou check-up de saúde em hospitais locais públicos de Girón e Bucaramanga, e na empresa privada de natureza social “El Comité de Rehabilitación” (Medellín). As informações foram coletadas usando um questionário sociodemográfico e o Questionário para Avaliação de Adotantes, Cuidadores, Tutores e Mediadores ou Teste CUIDA (por suas siglas em espanhol). **Resultados.** 93.1 % dos pais ou cuidadores são mulheres e 6.9 % homens; 84,8 % têm entre 30 e 59 anos de idade; suas classes socioeconômicas são 1, 2 e 3; 50 % são mães chefes de família. Os pais ou cuidadores com personalidade funcional, mostraram fraquezas nos resultados dos testes, pois manifestaram ter dependência emocional, baixa autoestima, pouca tolerância à frustração, inflexibilidade, dificuldade em estabelecer laços afetivos e pouca capacidade para lidar com o processo de luto, entre outros. Poucos pais tiveram altas pontuações nos fatores que beneficiam o cuidado dos filhos; entre 0 % e 22.9 %. **Conclusões.** Na amostra, composta principalmente por mães chefes de família, poucas delas conseguiram altas pontuações nos testes, como esperado em pessoas com personalidade funcional. Pelo contrário, predominaram as pontuações baixas, o que não favorece a atenção à saúde dos filhos. As características da personalidade funcional, ou não, são transmitidas no processo de criação materna mais do que paterna. [Díaz-Gordon P, Ortega-Ortiz ME, Díaz-Cadavid D, Naranjo-García AS. Características da personalidade dos pais ou cuidadores acompanhantes de menores nas consultas periódicas em instituições de saúde públicas e privadas (2013-2015). *MedUNAB*.2018;21(2):29-44. doi:10.29375/01237047.2424]

**Palavras-chave:** Personalidade; Relações pais-filho; Educação infantil; Violência doméstica; Comportamento social; Comportamento infantil.

## Introduction

The World Health Organization (WHO) classified personality disorders as mental illnesses. In 2017, they

reported a high prevalence of bipolar affective disorder (nearly 60 million people affected), schizophrenia and other psychoses (nearly 21 million people affected), and dementia (about 47.5 million people affected) (1). The prevalence of mental disorders tends to be on the rise. They severely affect the health of those who suffer them and have considerable consequences in the field of human rights and at the socioeconomic level (1). Although personality studies tend to focus on disorders or conditions of pathological personalities, there is little information about the mental health of people with a functional (not pathological) personality and in general, there are only proposals for actions or general mental health programs.

In Colombia, “personality disorders and other mental problems” are discussed based on the epidemiological reports of the 2015 National Mental Health Survey. They are classified in three groups: group A, made up of schizoid, schizotypal and paranoid disorders and pathologies from the psychotic spectrum; group B, made up of personality disorders, including histrionic, antisocial, narcissistic and borderline disorders, in addition to emotional disorders, multi-impulsiveness and self-harm or heteroaggression; and group C, which includes obsessive, avoidant, dependent personalities and anxiety disorders. This survey was not intended to diagnose participants, but rather to measure the personality traits related to each group of disorders (2). The results were: for group A, 46% of the population aged 18 years and older has one or two personality traits regarding the disorders of the group (from here on, it will only be written as traits with the presence or absence thereof); 37.3 % has no personality trait and 16.8% has 3 to 5 personality traits “with similar prevalence among men and women”. As for group B, 39.8 % of the population aged 18 years and older has no traits and 40.8% has one or two borderline personality traits “with a similar proportion between men (40.2 %) and women (39.5%)”. For group C, 49.4 % of the population aged 18 years and older has no traits, 35.8 % has one or two, 14.1 % has three to five traits and 0.6 % has six personality traits regarding the disorders of the group (2).

Among the data, there is a percentage of the population by group that has no personality traits related to the mental disorder or problem: in group A, 37.3 %; in group B, 38 %; and in group C, 49 %. However, it is unclear what these percentages mean because on the personality tests used in the survey, not all the traits of a disorder or problem are measured. Each test or combination of tests (kit) is intended to cover, as far as possible, a broad spectrum of traits. The percentages

that indicate the absence of traits can mean several things: Firstly, the person does not have any of the traits related to the disorder or problem. Secondly, he/she may have traits of personality disorders, but the trait is not evident. Finally, other traits of other types of personality disorders are not considered in the survey. In addition, it must be taken into account that the measurements are not intended to serve as a reference to understand individuals as persons with a dynamic and a development during the life cycle (3).

Personality traits are considered pathological when they involve patterns that are inflexible or not easily adaptive, and cause distress to the point of leading the individual to functional impairment. That is when the personality traits are placed in categories of personality disorders (4).

Personality disorders affect the mental and physical health of patients, and therefore, their quality of life, as well as that of their family group and social circles. In this regard, studies on functional personality are important because they show the person's potential for development and adaptive capacity to perform various roles, as a parent, caregiver, son/daughter, worker and student, among others (5, 6).

From the perspective of psychology, as the social science of human behavior, personality is assumed as a complex concept: a structure that involves multiple variables. The way to recognize its changes is through behavior and actions, particularly those that occur in everyday life, at home, between parents and children. Parents, family members or caregivers are responsible for children's primary healthcare (7). Knowledge of the aspects related to this role enable healthcare personnel to involve parents in adhering to their children's treatment and, therefore, make it safer and more efficient.

However, children's learning about health and healthcare comes directly from the parents' experience and not from the educational processes of healthcare entities, which do not achieve the same significance. Although there are programs to raise people's awareness regarding health, few are geared toward caregivers. For this reason, parents or caregivers validate the positive results of their experience more and assume care according to their meaning of life. The importance they place on health and disease arises from their beliefs and the evidence afforded by experience (8).

The lessons learned regarding health are transmitted by parents or caregivers since childhood; they are

internalized through habits and become routines and customs. This is how discipline is internalized in life. Once discipline is acquired, habits can last over time and be the basis for learning healthy behaviors in different areas of life: education, work and, in general, quality of life (9). So, it is essential for healthcare personnel to understand the needs and characteristics of parents or caregivers when caring for the children in order to achieve the health objectives; considering that "health", as proposed by the World Health Organization (WHO), is a "state of complete physical, mental and social wellbeing, and not only the absence of conditions or diseases" (10). In this regard, parents can develop behaviors that are protective of or risky to health or adherence to the treatment, but they can also contribute to the development of a healthy personality in children.

From the legal standpoint, family is:

"a social structure that is built by a process that creates blood or family ties between its members. Therefore, although a family can arise as a natural phenomenon resulting from the free decision of two people, the truth is that it is the expression of solidarity, fraternity, support, affection and love that structures and binds the institution together" (11).

The care provided by the family is the key to ensuring the child's development. This is a topic with extensive scientific literature in social sciences, including psychology which makes contributions in this regard and also a legal standpoint, which is related to the country's policies. In Colombia, regulations on Care, Family Assistance and Child Support are stipulated in Articles 42, 43, 44 and 45 of the Colombian Constitution. These articles are contained in a special chapter that serves as a framework of the rights of the family, children and adolescents. Article 44, for instance, states that: "The fundamental rights of children are: the right to life, physical integrity, to health and social security, to a balanced diet, to name and nationality, to have a family and to not be separated from it, to care and love, to education and culture, recreation and to the freedom to express one's opinion [...] The rights of children prevail over the rights of others" (12). There is also Law 1098 / 2006 (Code for Children and Adolescents) whose "aim is to guarantee children and adolescents full and harmonious development to enable them to grow up within the family and the community in an environment of happiness, love and understanding. Recognition of human equality and human dignity shall prevail, without any discrimination" (13, 14).

According to these parameters, parents or caregivers are responsible for the healthy development of each member. Therefore, personality becomes a fundamental variable for the fulfillment of their roles. The family is the origin and center of children's informal education; it provides the foundations of the affection provided by the father and mother or, in their absence, the permanent caregiver: "They are responsible for the parental competencies necessary to perform their role in favor of the wellbeing of the child or adolescent" (15-18).

Studies on the personality of parents or permanent caregivers have led to the establishment of personality traits that are favorable and unfavorable for the development of children and adolescents and their adaptation to the environment (15, 19). The less favorable personality traits include emotional deficits (difficulty of attachment, grief resolution, emotional balance and empathy, among others). These are related to child abuse and violence, especially in women who are exposed to social pressure that affects their behavior and life experience (20-23). On the other hand, favorable personality traits, such as autonomy, assertive problem-solving, reflexivity, empathy, emotional balance and openness, promote a favorable development of personality in children (17, 24).

The development of personality involves different factors, including temperament, which is the result of heredity and character, which is formed as the subject relates to the environment and learns from it (24, 25). The family is the basis of their structuring, since the parents socialize their behaviors. This way, parents can be a risk factor that results in the presence of emotional, family, educational and social problems. Studies have shown how a functional family can positively affect the healthy development of children and promote their adjustment, while a dysfunctional family can affect their comprehensive development (15, 16, 26, 27). Poverty and economic hardship constantly faced by minors also harm the healthy development of their personality and gradually affect their socio-affective development (26).

Research is consistent in that personality is cause and effect: its structure has consequences on the way people act, which in turn, affects others. According to forensic medicine reports, in Colombia, between January and November 2017, there were 70,806 cases of domestic violence (28). One of the causes for this are the characteristics of the aggressor: little or no impulse control, low self-esteem and emotional

deficiencies, including experiences of child abuse (29). Also, personality is affected by the social, economic and cultural context. This structure includes the family, which serves the dual function of cause and effect in the development of personality. This process of mutual influences occurs due to the socialization of parents and children, who assimilate and internalize values, attitudes, behaviors, customs, forms of conflict resolution, security and family afflictions (30-32).

Parents or caregivers are emotionally involved in the care and rearing of their children; they want them to be healthy and develop well physically, to be trained to achieve financial self-sufficiency in adulthood, and to think and act according to the cultural context. In addition, they have a special interest in their children learning the moral and social codes, abide by the laws, identify with a religion and take on a political ideology (26, 33-35).

Although extensive progress has been made in child rearing, the role of the caregiver has become increasingly important. Parents are not the only ones involved in child rearing; there are other relatives that taken on the role: aunts and uncles, grandparents, siblings, and even people who are not related (adoptive parents). Therefore, those who study behavior have created tools to measure personality, which involve the role of the caregiver in a broader sense; not only the parents, but also relatives and unrelated persons who play a role in child rearing.

One of these measuring tools is the CUIDA test (Questionnaire for the Assessment of Adoptive Parents, Caregivers, Guardians and Mediators), which measures the functional personality of biological caregivers, adoptive parents, tutors and guardians. It was created in Spain by F.A. Bermejo, I. Estevez, M. I. García, E. García-Rubio, M. Lapastora, P. Letamendía, J. Cruz, A. Polo, M. J. Sueiro y F. Velázquez in 2006. It has been validated in several Portuguese and Spanish-speaking countries: Argentina, Chile, Colombia, Costa Rica, Ecuador, Guatemala, Mexico, Nicaragua, Dominican Republic, Panama, Paraguay, Peru, Portugal, Puerto Rico, El Salvador and Uruguay (36). Classification processes have been carried out in each country. Since the purpose of this research is not to validate the tool, information in this regard is not provided, but specific data are mentioned on its psychometric characteristics. In the case of Colombia, the foundation and construction of this tool follows the "laws and general principles of the theoretical hypotheses that psychometrically control psychological tools" (18, 19).

For these authors, the functional personality of the caregiver refers to the specific traits of the caregiver, tutor, biological or adoptive parents, among which the following stand out: decision-making abilities, emotional balance, self-confidence, resolve, self-esteem, patience, sensitivity toward others, altruism with peers, verbal and non-verbal communication skills, empathy, listening and observation skills and the ability to establish emotional ties or attachment. Each of these traits enable stable affective development, emotional balance and allow the review of grief resolution capacity, so favorable responses are expected from people when dealing with situations of loss (leaving or giving up activities that they like, people, animals or objects). This disposition favors their assimilation in painful situations, helps the other person with his/her own family losses or other situations, allowing them to withdraw affectively once the guardianship is over, and the mediator is capable of transmitting to the parties the idea of conflict resolution (37).

So, responding to the caregiver's obstacles or limitations over the person he/she is caring for or rearing requires good tolerance to frustration "without reacting impulsively and without feeling overly stressed" (37). These are aspects that enable the future consolidation of a personality structure that is adjustable to the different circumstances that the child must face. Also, flexibility is another personality trait that is necessary as it allows the person to adjust and adapt to each situation, responding thereto with different alternatives in a creative and original manner (37).

Good empathic skills are also expected as they favor relationships by creating a good level of listening and understanding of the issues. In addition, creating independence as an important factor means having the same capacity to guide or direct, depending on the situation. Also, reflexivity as the skill to plan when exposed to extreme situations and not give in to impulsiveness. If the parents, caregivers or permanent adoptive parents are sociable, it will be easier for them to relate and increase the possibilities of being close. Therefore, there is no single profile for being a good caregiver, parent, tutor or adoptive parent. These roles must adapt to the specific characteristics of the person they are caring for or rearing, as well as to the place and time in which they perform this task.

Thus, it is relevant to do research to be able to describe the personality traits of parents attending health checkups with their children at the corresponding entities (2013-2015). The study is focused on parents

and caregivers who attend follow-up appointments scheduled for patients at three healthcare entities located in different places: Hospital San Juan de Girón, located in the Municipality of Girón (Santander); Hospital Local del Norte, located in the Norte district of the city of Bucaramanga (Santander); and The Rehabilitation Committee in Medellín (Antioquia).

## Methodology

Descriptive cross-sectional exploratory study that assessed the functional personality traits of parents or caregivers. The only criteria for inclusion was for the parents or related caregivers to be users of the healthcare system and take the patient (aged between 1 month to 18 years) to the scheduled checkups at a healthcare entity. The convenience sample was chosen because it involves a captive population. They are the parents and caregivers that take the child to the healthcare appointments at each entity (from those mentioned earlier). The sample was made up of 134 parents. These parents included 10 men distributed as follows: 3 at The Rehabilitation Committee, 1 at the Hospital San Juan de Girón and 6 at the Hospital Local del Norte. 124 of the participants were women, 76 of which belonged to The Rehabilitation Committee (Medellín), 30 of the Hospital San Juan de Girón (Girón) and 29 of the Hospital Local del Norte (Bucaramanga). Women's high level of participation was due to the fact that the fathers who accompanied them decided not to answer the test, while they allowed easy access to the interview.

## Procedure

This study is derived from the research on the effect of the kangaroo mother program on children aged between 12 and 18 months. After being in this program, researchers assessed the children at home. In the process, researchers found that there some parents remain active in the programs and others do not continue, even though they share the same social and economic conditions (socioeconomic levels 1, 2 and 3). After reviewing several factors, it was concluded that personality plays a key role, which enabled these researchers to conduct the subsequent study of the non-pathological functional personality in this group of parents (total of 43, socioeconomic levels 1 to 3). They used the CUIDA questionnaire, which measures the functional personality of biological caregivers, adoptive parents, tutors or guardians. They concluded that few parents, between

3% and 33% of those studied, have strengths in terms of altruism, assertiveness, problem-solving capacity, empathy, emotional balance, independence, reflexivity, the capacity to establish emotional ties and the grief resolution capacity, which is key in losses or detachment. Regarding personality traits, most showed few strengths -- between 18% and 70% -- in the personality traits, in self-esteem, openness, assertiveness, problem-solving capacity, empathy, emotional balance, independence, flexibility, reflexivity, sociability, frustration tolerance, the capacity to establish emotional ties and the grief resolution capacity.

To better understand what this type of studies means (the referenced study and the current study), it is necessary to clarify the parents' personality problem and the value of non-pathological functional personality in natural caregivers, such as parents or others who take on this role. Several aspects are considered in this article: pathological and functional personality, the traits of the caregiver and the laws to regulate the family roles.

The project was submitted to those responsible for approving the research at each of the healthcare entities. The researchers went to each entity to collect data along with psychology students in their last semester, who were previously trained on how to use the tool, always accompanied by the researchers in Santander. For the Hospital in Girón, business hours were from 8 a.m. to 2 p.m. and the researchers arrived at 7 a.m. because parents arrived early and the researchers explained the objective of the research, always accompanied by the person responsible for coordinating these activities at the hospital. The time before the scheduled appointment was used for this purpose. At the Hospital del Norte in Bucaramanga, the procedure was similar, with the accompaniment of the employee responsible and with the hours scheduled in the morning. In the case of The Rehabilitation Committee, the entity's psychologists knew each mother attending the scheduled checkups, so these psychologists collected the data without the collaboration of student aides. The UNAB program of psychology had an agreement with this entity for psychology students who were in the internship process at the time.

On average, the structured interview (CUIDA test questionnaire) took one hour (at a slow pace); more time was often invested when parents asked questions about the reactions (items, affirmations) of the questionnaire, such as: "That question made me wonder, I want to know...". Data collection time was

18 months. The final sample was made up of 134 parents, distributed in similar quantities in the three aforementioned institutions. In keeping the principle of autonomy, each of the participants agreed to participate and signed an informed consent.

## Instruments

In the case of this research, a psychological tool was chosen that measures functional personality for child rearing: the CUIDA test, created in 2006. This questionnaire provides a non-pathological functional personality profile. This study is used as a means to explore the personality of parents and caregivers who take their children to the healthcare entities for development checkups (36). Taking care of children's health is one of the roles assumed by parental figures in the child rearing process and it indicates the willingness of parents and caregivers to meet their developmental needs and responsibility at the time of providing the child with security and wellbeing (17, 18). The tool was purchased from TEA Ediciones, a Spanish company founded in 1957, dedicated to editing and developing psychological assessment tests that it has validated in different countries to establish their respective scales in Spanish and Portuguese: Argentina, Chile, Colombia, Costa Rica, Ecuador, Guatemala, Mexico, Nicaragua, Dominican Republic, Panama, Paraguay, Peru, Portugal, Puerto Rico, El Salvador and Uruguay. The company has three of its own websites aimed at the assessment and correction of psychological tests, as well as *online* training. The data from the CUIDA personality test are processed through these websites. The test assesses a person's capacity to provide attention and proper care to a biological, adopted, foster child in his/her custody or guardianship, or a minor under the responsibility of an institution. It contains 189 items through which 14 personality variables are assessed that provide information on child rearing styles; as a result, it issues an individual report with a profile indicating the high (from 7 to 9), mean (from 4 to 6) and low (from 1 to 3) scores. For the purposes of this study, only the high and low scores are considered, which indicate, respectively, the expected functionality (7 to 9) as a strength, and low functionality (1 to 3) as a weakness. Mean scores are excluded since they make up the average and are not noteworthy for the caregiver's role.

To validate the sample in Colombia, in a way similar to the procedure in the aforementioned countries, a classification sample was selected, made up of 1,111

people from Colombia who were assessed with the CUIDA test in different processes and situations (assessment of teachers, caregivers, adoptive parents, etc.) between 2006 and 2011. 45.6 % of them were men and 54.4 % were women. The ages of the subjects ranged from 19 to 64 years (Mean = 39.34 and SD = 7.61). In short, it was found that most of the differences in the scores are minor or moderate. According to the authors: “the differences observed between the Spanish and Colombian samples seem to be due to a larger extent to particular characteristics of the original classification scales than to cultural differences between the countries. These differences are narrower when comparing the data of Colombia with recent data from the CUIDA collected in Spain in recent years” (37).

The variables measured by the Questionnaire for the Assessment of Adoptive Parents, Caregivers, Guardians and Mediators (CUIDA) are: altruism, openness, assertiveness, self-esteem, problem-solving capacity, empathy, emotional balance, independence, flexibility, reflexivity, sociability, frustration tolerance, capacity to establish emotional ties or attachment and the grief resolution capacity. It was initially developed in Spain, but it has been validated in several contexts and, since its publication in 2006, it is a reference tool for the assessment of a caregiver for a person in a dependent position. It is now widely used in adoption and fostering, forensic assessment of custody of minors or parenting capacity, as well as in selection processes of caregivers, nurses, teachers or guardians or in the clinical assessment of parents or caregivers, among various other fields. Furthermore, the test overcomes the barriers of the country of origin, since it has been applied in more than twenty different countries with successful results, including: Spain, Italy, Portugal, Colombia, Mexico, Guatemala, Costa Rica, El Salvador, Bolivia, Panama, Venezuela, Andorra, Argentina, Chile, Ecuador, United States, Honduras, Nicaragua, Paraguay, Peru, Poland, Puerto Rico, Dominican Republic, Switzerland and Uruguay. The test includes scales for different countries and a general scale for Latin America.

Below is the meaning of each variable measured by the test:

**Altruism** refers to the behavior by which people act in favor of others in an unselfish manner; i.e., without the expectation of a reward.

**Openness** is expressed as the interest in both the outer and the inner world; and tolerance toward different values, styles, lifestyles and cultures.

**Assertiveness** is the capacity to adequately express both positive and negative emotions, express and tolerate criticism, give and receive compliments, accept and reject requests, as well as the capacity to show disagreement, all according to one's needs, attitudes, desires and rights, and respecting those of others.

**Self-esteem** consists of favorable or unfavorable feelings that people have about themselves because of their judgment of their own self-concept.

**Problem-solving capacity** is the skill to identify a problem, study the different alternatives, act according to a plan, and be flexible and creative in the search for effective solutions.

**Empathy** consists of the capacity to recognize and understand the feelings and attitudes of others and the specific circumstances that affect them, without judging them.

**Emotional balance** is the ability to cope with the states of tension associated with emotive experiences and to maintain control over one's behavior in situations of conflict or that cause a high degree of discomfort.

**Independence** is the ability to make one's own decisions and to accept responsibility without needing to seek help or protection from others.

**Flexibility** is the capacity to adapt to changing situations, in the belief that there are different ways of understanding and acting upon reality and, therefore, with the ability to rectify attitudes and points of view, if necessary.

**Reflexibility** is the tendency to talk and act thoughtfully.

**Sociability** is the orientation toward people, the ease with which one establishes relations with others, a preference for other's company, a liking for social activities and social competence.

**Frustration tolerance** is the capacity to accept and assimilate a situation in which an expectation, a desire, a project, or an illusion are not fulfilled.

**Capacity to establish emotional ties or attachment** is the universal human capacity to build emotional ties and, due to its importance, is a requirement for proper evolutionary development and the establishment of

adaptive interpersonal relations. Therefore, it enables the assessment of whether people have the resources and the capacity to allow the affective bonding process to result in a safe attachment.

**Grief resolution capacity** refers to the natural process that occurs in people who suffer and deal with a loss, allowing its elaboration and resolution.

All variables are important to get to know a caregiver's profile. Based on his/her functional personality in relation to the job and the specific tasks performed in his/her role as a caregiver, biological or foster parent, should develop characteristics such as organize the environment of the dependent person, as well as to establish routines, meet basic needs (hygiene, affection, communication, games, food, etc.), or to promote autonomy and confidence through responsibility, encourage socialization, self-esteem, assertive communication, promote new interests, etc.

As part of the procedure to apply the tool, the researchers previously contacted the public and private healthcare institutions, with which there were agreements, namely the Hospital Local del Norte, the Hospital San Juan de Girón and The Rehabilitation Committee in Medellín, which provide care services for the population aged between 0 and 18 years when they attend health checkups accompanied by their parents/caregivers/permanent guardians.

The person responsible for the area of the checkup programs at the entity introduced the researchers to the parents. This occurred mainly in Girón and Bucaramanga, because in Medellín, the researcher was part of the entity. Then it was explained to them that the informed consent was being requested in order to carry out a structured interview using the test questionnaire. The research is relevant to the entities because it provides information on the parents and caregivers that can be used to adjust the healthcare programs in promotion and prevention to their needs. This gives rise to a process focused on improving patients' health. The project was presented to the Ethics Committee of each healthcare entity for its endorsement, as well as for the results.

## Ethical Considerations

The project is classified as "research without risk" and accordingly, the rules were complied with in accordance with Chapter VI of Research on Human

Beings, Resolution No. 008430 / 1993 of the Ministry of Health and the provisions stipulated by law. The research was approved by the Ethics Committee of the Universidad Autónoma de Bucaramanga and the Ethics Committee of the Hospital Local del Norte.

## Results

Relevant data were identified on sociodemographic characteristics with regard to sex, age and socioeconomic level. In the CUIDA instrument, the high and low scores determine personality traits as caregivers. The sociodemographic characteristics found are listed on **table 1**. Data are originated in the three entities from the different locations (Girón, Bucaramanga and Medellín).

**Table 1** shows the data from the sample of the three entities. The prevalence of the female gender is significant at 93.1%. During the interview in Girón and Bucaramanga, some of the women attended with their spouse, but the fathers did not give their consent to answer the questions. The women provided information and the authorization to participate in the research. Only 6.9% of the men agreed to participate. In Medellín, most of the caregivers who took the children patients to The Rehabilitation Committee are women.

The age range was 40 to 59 years, which is 60 % at the three locations (middle-aged adults). There were also elderly parents and some, who were the patient's grandparents, played the role of caregivers as illustrated in **table 1** (9 %). They continued to carry out roles that they were no longer responsible for, but it is their way to support their children or take responsibility for them. With regard to socioeconomic levels, levels 1 and 2 have a higher percentage at 30 % and 39 %, respectively, and socioeconomic level 3 has a lower percentage at 21 %. In addition, there was no information regarding the socioeconomic level of 10% of the participating population. Most of this population is economically vulnerable.

At the three locations (Medellín, Girón and Bucaramanga), 50.3 % of the participating women are single mothers. It is increasingly common for the woman to have the responsibility of being both a mother and the head of the household. This is a trend in the country, including the rural area. 48.3 % of the women are not single mothers, but rather homemakers, whose activity is focused on domestic chores, which are not remunerated. The Colombian Longitudinal Survey of

**Table 1.** Sociodemographic data of the sample of the Girón and Bucaramanga hospitals and The Rehabilitation Committee in Medellín.

| Sociodemographic data                                   | Percentage |
|---------------------------------------------------------|------------|
| Sex:                                                    |            |
| Women                                                   | 93.1%      |
| Men                                                     | 6.9%       |
| Age Interval:                                           |            |
| 21 - 39 years                                           | 28.2%      |
| 40 - 59 years                                           | 60.0%      |
| 60 - 100 years                                          | 11.1%      |
| No data                                                 | 0.7%       |
| Socioeconomic level:                                    |            |
| 1                                                       | 30.0%      |
| 2                                                       | 39.0%      |
| 3                                                       | 21.0%      |
| No data                                                 | 10.0%      |
| Single mothers:                                         |            |
| YES                                                     | 50.0%      |
| NO                                                      | 48.9%      |
| Blank                                                   | 1.0%       |
| Employed parents:                                       |            |
| YES                                                     | 40.7%      |
| NO                                                      | 58.6%      |
| No data                                                 | 0.7%       |
| Person who takes care of the child when he/she is sick: |            |
| Father                                                  | 3.4%       |
| Mother                                                  | 86.4%      |
| Older sibling                                           | 1.4%       |
| Grandparent                                             | 6.9%       |

**Source:** sociodemographic questionnaire

the Universidad de los Andes notes that “single women in cities increased from 35 % to 39 % from 2010 to 2016, while in the countryside, the increase was from 18 % to 22 %” (38). The economic demands for most of these women are high due to the number of children they have and their ages: most of them are between 21 and 59 years old (at the adult and middle-aged stages).

As for taking care of the child when he/she is sick, it is noted that the mother is the person responsible for the child in 86.4% of the cases. In a minimal proportion, other family members provide support, among which fathers have a participation of 3.4 %.

**Table 2.** Distribution of the percentages of fathers with a high and low score on the CUIDA test in relation to the fourteen personality variables.

| Dimensions of the functional personality traits         | Percentage of fathers with a high score |                                      |                                         | Percentage of fathers with a low score |                                      |                                         |
|---------------------------------------------------------|-----------------------------------------|--------------------------------------|-----------------------------------------|----------------------------------------|--------------------------------------|-----------------------------------------|
|                                                         | Hospital San Juan de Girón              | Hospital Local del Norte Bucaramanga | The Rehabilitation Committee (Medellín) | Hospital San Juan de Girón             | Hospital Local del Norte Bucaramanga | The Rehabilitation Committee (Medellín) |
| Al - Altruism                                           | 22.9                                    | 22.9                                 | 20.3                                    | 25.7                                   | 22.9                                 | 26.6                                    |
| Op - Openness                                           | 8.6                                     | 8.6                                  | 12.5                                    | 37.1                                   | 54.3                                 | 46.9                                    |
| As - Assertiveness                                      | 5.7                                     | 5.7                                  | 3.1                                     | 57.1                                   | 74.3                                 | 60.9                                    |
| Se - Self-esteem                                        | 8.6                                     | 8.6                                  | 17.2                                    | 57.1                                   | 48.6                                 | 32.8                                    |
| Ps - Problem-solving capacity                           | 2.9                                     | 2.9                                  | 1.6                                     | 71.4                                   | 74.3                                 | 59.4                                    |
| Em - Empathy                                            | 5.7                                     | 5.7                                  | 12.5                                    | 31.4                                   | 34.3                                 | 34.4                                    |
| Eb - Emotional balance                                  | 2.9                                     | 2.9                                  | 1.6                                     | 48.6                                   | 71.4                                 | 64.1                                    |
| In - Independence                                       | 11.4                                    | 11.4                                 | 18.8                                    | 14.3                                   | 20.0                                 | 21.9                                    |
| Fl - Flexibility                                        | 0.0                                     | 0.0                                  | 4.7                                     | 68.6                                   | 60.0                                 | 79.7                                    |
| Rf - Reflexibility                                      | 2.9                                     | 2.9                                  | 1.6                                     | 57.1                                   | 62.9                                 | 62.5                                    |
| Sc - Sociability                                        | 5.7                                     | 5.7                                  | 12.5                                    | 45.7                                   | 48.6                                 | 53.1                                    |
| Ft - Frustration tolerance                              | 0.0                                     | 0.0                                  | 12.5                                    | 77.1                                   | 68.6                                 | 70.3                                    |
| Ag - Capacity to establish emotional ties or attachment | 0.0                                     | 0.0                                  | 4.7                                     | 40.0                                   | 51.4                                 | 59.4                                    |
| Gr - Grief resolution capacity                          | 2.9                                     | 2.9                                  | 3.1                                     | 91.4                                   | 71.4                                 | 59.4                                    |

**Source:** individual reports of the CUIDA test

Since each variable is a functional trait measured by the CUIDA test, the high scores are the values expected from parents and caregivers as expected personality traits. However, this occurs rarely, as shown in the percentage of parents who obtain the high score (7 to 9), which in general varies from 1.6 % to 22.9 % for flexibility, reflexibility, emotional balance, problem-solving capacity, grief resolution capacity, sociability,

self-esteem, openness, assertiveness, altruism, empathy and independence. Nevertheless, there is a difference with the sample from Medellín, which has parents with strengths of 4.7 % in the capacity to establish emotional ties or attachment and 12.5 % on frustration tolerance. While the same aspects were absent in the parents at the hospitals in Girón and Bucaramanga at 0 %. This shows greater difficulty in

these variables and it is likely they have a behavior with no impulse control when facing obstacles with the presence of aggression and the establishment of unhealthy interpersonal relations with a greater presence of conflicts due to insecure attachments.

The low scores are values that indicate personality traits with low functionality in the parents and caregivers, as illustrated in **table 2**, which shows percentages ranging from 14.3 % to 91.4 % in this area. That is to say, there is a greater concentration of percentages with high values, but it indicates a low functional personality of the parents, which occurs without difference in the three public and private healthcare entities in the three cities, Girón, Bucaramanga and Medellín, on all the variables. This means that they tend to think more about themselves than others (low altruism), with little tolerance for different ways of thinking and different lifestyles (little flexibility), responses with low impulse control (low reflexivity and little frustration tolerance), such that they express their feelings of distress in an unassertive manner, expressing their low self-esteem with low sociability. It is difficult for them to understand others' points of view, and they do not recognize and understand others' feelings and attitudes well (empathy). At the same time, these parents find it difficult to handle the tension associated with emotional experience, becoming emotionally upset easily and changing their behavior according to their mood (low emotional balance). This affects the decisions they make, and they often ask others for advice (low independence); it also makes it hard for them to establish healthy ties, making it hard for them to adjust to the point that they suffer with every breakup, separation from their children and loss of health, which implies the grief resolution inability.

## Discussion

This study is not intended to label the data found as "pathologies", but rather to detect and understand the personality traits expressed in the parents' behavior, which they transmit in the rearing of their children. The role they play in the family is precise, and it has an influence on their children, together with the risk factors or situations, determined by the culture and the setting, faced by their children, affecting the physical and mental health of the child at any time (37).

In the results, it is noted that there are no differences between the responses of the parents of the healthcare entities in the different cities that participated in the

study (Girón, Bucaramanga and Medellín). Based on the sociodemographic data, the age of the sample indicates that a high percentage of the parents are at the adult and middle-aged stages from 27 to 59 years of age (32). Within the life cycle, this period is conducive to making decisions regarding the family, work and social matters (private and public life). The stage is interceded by the person's diverse experiences and factors in his/her development process (25, 39).

All these characteristics, along with the socioeconomic level, access to health and education, and the opportunities to have cultural experiences, among others, contribute to the development of the personality in the children under their care. The sample consists mainly of socioeconomic levels 1, 2 and 3. It may be said that the children of these parents are subject to the opportunities they offer them for the development of their abilities. The socioeconomic spaces are limited for themselves and for their children, particularly in the case of women, who become the main breadwinner of the household as single mothers when they have the opportunity to work. The results of the study of parents who attended the Kangaroo Mother program share similar socioeconomic characteristics (levels 1, 2 and 3), most of whom are women responsible for caring for the child, despite the presence of the father at home. Data from the National Administrative Department of Statistics (DANE, for the Spanish original) from 2017 indicate that 56 % of Colombian women are single mothers. In addition, only 41.9% has a job other than being a homemaker. This study shows that the responsibility of caring for children during their rearing is focused more on the mother than the father, in terms of work, as well as caring for them at home and when they are sick. This obligation to meet the demands of the household has a high economic and emotional burden on women.

With regard to the results of the CUIDA test in this study, the high scores indicate the expected functionality for caregivers: their contribution to their children's personality and the acquisition of adaptive behavior is favorable and indicate greater concern for the wellbeing of their children. On the other hand, the low scores highlighted in the sample show that the parents have difficulties to properly express their positive and negative feelings, as well as low frustration tolerance and low social skills, along with the difficulty to accept and reject requests and/or express disagreement. It also shows their low capacity to solve problems, analyze the different

alternatives, act according to a plan, and be flexible and creative in the search for effective solutions. They are people who do not cope well with the states of tension associated with emotive experiences and to maintain control over their own behavior in situations of conflict or that cause a high degree of discomfort. The low score also indicates difficulty to adapt to changing situations and understand that there are different ways of understanding and acting upon reality. That is why it is difficult for them to think and reflect before they speak and act, and there is a greater presence of impulses. Also, they have a scarce capacity to accept and assimilate a situation in which an expectation, a desire, a project, or an illusion is not fulfilled, and they easily get frustrated or upset. Furthermore, in this type of parents, a deficiency was detected in assimilating the natural process that occurs in people who suffer and face a loss, grief is extended and takes a long time to resolve.

These results, on the high, as well as low scores on the CUIDA test, were found in the parents who attended the University Hospital's Kangaroo Mother Program. They share few strengths between 18% and 70% in the personality traits, in self-esteem, openness, assertiveness, problem-solving skills, empathy, emotional balance, independence, flexibility, reflexivity, sociability, frustration tolerance, the capacity to establish emotional ties and grief resolution capacity.

These low-scoring traits contribute few positive elements to the development of the children's personality and concerns for their wellbeing tend to be lower. However, the study was not intended to point out the characteristics of a pathological personality, but rather those of a functional one, as is measured by the test. In addition, this test can be used to evaluate parents with dysfunctional parenting skills and to observe the aspects in which there are failures in order to help solve or prevent the different problems that may arise.

In turn, these data on low scores are confirmed in studies on child abuse and violence, associated with personality traits of parents with regard to their fragile emotional states, difficulty of attachment and role in society, especially in women who are exposed to social pressures that affect their behavior and life experience (21, 22). As mentioned herein, this study was made up mostly of women (93.1 %) and it is noted that maternal and paternal duties are still highly determined by a strong division of gender roles, in a male-dominated culture such as that of Colombia, although we now

speak of parenting as a way to neutralize the gender perspective. The parenting shown in this study indicates a different practice in caring for children; maternal child rearing prevails in the sample (31).

The traits that are not very favorable for personality development include emotional deficits (difficulty of attachment, grief resolution, emotional balance and empathy, among others); these are related to child abuse and violence, especially in women who are exposed to social pressures that affect their behavior and life experience (20, 21).

The likelihood of abuse increases when the family is emotionally fragile and has children who are very caring or not very responsive (33, 39, 40). This study shows the personality traits associated most with the violence reflected in child rearing. Although the purpose of this study is not to establish or detect pathologies in personality traits, the data found show the influence of the culture in which the woman is responsible not only for child rearing, but is alone in satisfying all other needs of her children, particularly those concerning their care (41). Healthcare is interceded by the family's role, but it is implicit in risk factors or situations determined by the culture and the setting, which can unleash or announce problems in this area in its members at any time (38).

Low scores can predict that today's child will be an adult with difficulties to adapt to their social, family and relationship-building environments, if these conditions remain over time. The figures they currently identify with, their parents, have emotional voids that have not been cared for in their own realm, and were possibly learned, in turn, from their parents. When sharing the results with each entity, it was found that The Rehabilitation Committee has carried out several psycho-education activities with parents regarding the care of their children. The professionals say that the change in the parents' attitude is noticeable when work is focused more on their own shortcomings as people, than when emphasizing the education and rearing of their children. This situation led to the following question: How can parent group workshops be created focused on the personal needs that influence the increase of their functional personality as caregivers?

The parents with high scores are the ones who have the expected profile, but this is the case with very few parents, as shown in the results presented. The questions resulting from this work are: Is it possible that their experiences, either with their own parents

or throughout their life, together with the actions they carry out to bring up their children, can provide other parents with a model or reference for the rearing of others? Are educational workshops effective strategies to boost parents' self-esteem, security and frustration tolerance? When considering the personality of parents as the source of the children's personality, and contrary to the approach of the personality trait theory which states that traits are fixed and therefore they establish and even allow predicting the person's behavior, is it possible to think that there is a better chance of change it through learning?

Although great progress has been made in child rearing, there is still the idea that beating and abuse make education easier (16). Therefore, interdisciplinary work is gaining momentum in prevention and promotion in child rearing, favoring not only the healthy personality of the child, but also improving learning about healthcare and adhering to treatment, as well as providing information to healthcare personnel regarding the needs of the population served at each institution.

## Conclusions

The proposed approaches answer the problem statement and the research objectives. With regard to the question: What are the functional personality traits of the parents or caregivers of children attending health checkups at public and private healthcare entities (2013-2015)? It is concluded that, regardless of the healthcare entity, the parents and caregivers of the sample share the personality trait predominated by low functionality, which is transmitted to their children during daily interaction processes during their rearing. The variables associated with this aspect are a low level of education, low socioeconomic levels and emotional deficits (difficulty of attachment, grief resolution and emotional balance and empathy, among others); these associations were confirmed in other research.

As the central objective, the high and low functional traits are determined in the three samples. High functionality was determined for the traits of altruism, independence and sociability; but they were low in terms of openness, assertiveness, problem solving, flexibility, reflexivity, emotional balance, adaptation, sociability, grief resolution capacity and the capacity to establish emotional ties or attachment.

## Conflict of Interests

The authors declare that there is no conflict of interests.

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