ORIGINAL ARTICLE

Nursing team expectations and caregivers' activities in elderly-patient hospital care*

EXPECTATIVAS DA EQUIPE DE ENFERMAGEM E ATIVIDADES REALIZADAS POR CUIDADORES DE IDOSOS HOSPITALIZADOS

EXPECTATIVAS DEL EQUIPO DE ENFERMERÍA Y ACTIVIDADES REALIZADAS POR LOS CUIDADORES DE ANCIANOS HOSPITALIZADOS

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ABSTRACT

The objective of this study was to identify caregivers' activities in elderly-patient hospital care and the activities that the nursing team expects caregivers to perform, according to activity frequency (always, when necessary, and never). Interviews were carried out with thirty family members of hospitalized elderly patients and with 30 nursing professionals. The results showed there were very significant differences in terms of frequency: always, regarding the activities *changing position*, *cleaning mouth and teeth*, *dressing and undressing, sitting, standing, and caring for the skin*; when necessary for the activities *standing, using the toilet, walking, and exercising*; and never for the activity *walking.*

KEY WORDS

Aged.
Caregivers.
Hospitalization.
Nursing team.

RESUMO

O objetivo deste estudo foi identificar as atividades no cuidado do idoso hospitalizado que os cuidadores realizam e as atividades com as quais os membros da equipe de enfermagem esperam que o cuidador auxilie, de acordo com sua freqüência de realização (sempre, quando necessário e nunca). Foram entrevistados 30 familiares de idosos hospitalizados e 30 profissionais de enfermagem. Os resultados apontaram diferença muito significativa nas freqüências: sempre, com respeito às atividades *mudança de decúbito*, *limpar a boca e os dentes*, *colocar e tirar roupa, sentar, ficar em pé e cuidar da pele*; quando necessário para as atividades *ficar em pé, usar o banheiro ,andar e realizar exercícios*; e nunca para a atividade *andar.*

DESCRITORES

Idoso.
Cuidadores.
Hospitalização.
Equipe de enfermagem.

RESUMEN

El objetivo de este estudio fue identificar las actividades que los cuidadores realizan y las actividades que los miembros del equipo de enfermería esperan que el cuidador realice en el cuidado del anciano hospitalizado, de acuerdo con su frecuencia de realización (siempre, cuando necesario y nunca). Fueron entrevistados 30 familiares de ancianos hospitalizados y 30 profesionales de enfermería. Los resultados apuntaron una diferencia muy significativa en las frecuencias: siempre, con referencia a las actividades *cambio de decúbito*, *limpiar la boca y los dientes*, *colocar y retirar ropa, sentar, colocar en pie y cuidar de la piel*; cuando necesario para las actividades *quedar en pie, usar el baño, andar y realizar ejercicios*; y nunca para la actividad *andar.*

DESCRIPTORES

Anciano.
Cuidadores.
Hospitalización.
Grupo de enfermería.

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INTRODUCTION

In recent years, nursing teams within the hospital environment began facing a new challenge: an increase in the amount of elderly patients and their caregivers occupying hospital rooms. This new challenge demanded the construction of a new relationship in the hospitalized elderly patient care giving process, which is composed of the nurse professional and their team, the patient, and the caregiver[1].

The presence of the caregiver during the elderly patient's hospital admittance, which is very significant and necessary, is now safeguarded by the Brazilian Ministry of Health, which considers the caregivers involvement an improvement in the elderly patient's quality of life[2]. In addition, turning into a legal regulation the means that make possible the permanence of the caregiver, Ministry of Health Ordinance number 280 from 7 April 1999 guarantees the financial resources for the implementation of this regulation.

Whenever a family member is hospitalized, several circumstances demand that family involvement is needed in order to provide the hospitalized individual with assistance. This reordering process is usually not a pleasant experience, as reoccurring admittance triggers emotional, financial, and relationship-related unbalance. Family members realize that they are obliged to take on new and different roles, such as that of the caregiver, of which much energy and effort is invested therefore leading to a stressful physical and mental environment[3].

Several studies reinforce the necessary presence of family members during the elderly patients' hospital admittance, which include not only to escorting the elderly patient but receiving guidance on their role as caregivers after the patient's hospital release. The care giving activity along with the hospital nursing team turns the family member into a nursing client and partner[4-6].

Several studies reinforce the necessary presence of family members during the elderly patients' hospital admittance, which include not only to escorting the elderly patient but receiving guidance on their role as caregivers after the patient's hospital release.

A previous study[7] indicated the existing difficulties and conflicts in the relationship among caregivers, medical teams, and nursing teams. Professionals recognize the importance of the presence of the caregiver during the hospitalization process; yet, they recognize some difficulty related to the lack of preparation and guidance for both the caregivers and the professionals on the rights and duties of the caregivers. Caregivers indicated the lack of hospital accommodation structure and also a lack of guidance from the medical and nursing teams regarding the patient; although, they deem family member's role in the care giving process as very important.

From the viewpoint of the nursing team and families, the depth of family member involvement as caregivers for elderly patients who suffer from mental diseases and who stay for long periods in hospitals, were all objects of the study. Results of the study showed that from the moment the elderly patient was admitted into the hospital, family caregivers tend to depart from their caregiver roles, expressing a sense of satisfaction concerning their minimal engagement in the rendered care, while the nursing team is concerned at enhancing the caregiver's involvement in the caregiving practices. The study suggests the creation of integrated activities between the nursing team and the family caregiver, which aims at favoring the continuation of the home care process before and after the admittance[8].

Some studies emphasize the *elderly patient-care giving* relationship and the participation of the family caregiver during the hospital admittance[9-11].These studies observed that the family's participation in the care giving process for hospitalized elderly people was limited due to a lack of experience, emotional support, information, and role definition. The participation of family members in care giving practices can be improved by providing them with relevant information so that they can take part in the planning and decision-making processes, as well as care assessment.

Family members take part in the elderly patient's daily activities in a very limited way; however, it must be noted that they have a significant role in the patient's emotional and social support as well as in other activities, such as drinking, getting up from and going back to bed, and sitting. According to the study[10], family caregivers, in their search for an enhanced participation in the care practices, have faced many times obstructive attitudes from the nursing team. Thus, the actions of both the nursing team and the caregivers must be reviewed and re-thought so that they can find the means that favor mutual understanding, communication, and cooperation between each other; thus, aiming at the patient's and the family member's welfare.

With regard to encouraging or inhibiting factors in the participation of family caregivers toward hospitalized elderly patients, one study shows that from the perspective of caregivers, the nursing team could encourage participation of family members by providing them with emotional and cognitive support, by providing them with information as to when and how to participate in the care giving process, and by providing them with the conditions of the disease and limitations of the patient thus creating an interactive environment with families. However, the patient's and the family caregiver's health status; the lack of knowledge and ability; the fear of making mistakes; negative attitudes on the part of nursing professionals; the lack of communication between family caregivers and the nursing team; and environmental aspects, such as the presence of infections and lack of privacy, among others, are inhibiting factors. According to family caregivers, other aspects

could promote care giving participation, namely more available time from family members, enhanced communication with the nursing team (cooperation between them, trust and support to family caregivers, team training aimed at creating interaction ties with family caregivers), financial support, and an appropriate environment for the caregivers[12].

Taking into consideration the challenges that face caregivers, and based on the presupposition that there are inconsistencies between family caregivers and nursing team professions regarding the caregivers participation in hospitalized elderly patient's care and the nursing teams expectations, the objective of this study was to identify the care giving activities performed by caregivers, and the activities the nursing team members expect from the family caregiver towards the admitted elderly patient, according to the frequency of activities.

METHOD

The research was carried out in a highly complex tertiary-trauma hospital located in the municipality of Marilia, Sao Paulo, Brazil, following legal approval of the officer responsible for the service, and after the approval of the institution's Ethics Committee in Research. Thirty caregivers (one caregiver for each patient, the one who was present at the hospital most of the time) of admitted elderly patients (at least for 48 hours) in two medical clinic units were interviewed, as well as 30 nursing team members (14 nursing assistants and three nurses). Caregivers were interviewed after signing the Term of Informed and Free Agreement and after having confidentially and anonymity guaranteed.

The data collection was performed by means of individual interviews using an adapted instrument[9] to describe basic human needs (according to Maslow). Categories for the caregiver activities were: always, never, and whenever necessary.

For data analysis, the non-parametric Chi-Square (- χ^2) test was used for each activity, once there were two independent samples. If $\chi^2 > 3.84$ (with 1 degree of freedom) there was a statistically significant difference ($p< 0.05$), and if $\chi^2 > 6.64$, there was a very statistically significant difference ($p<0.01$).

RESULTS

The following results reflect the responses provided from the caregivers. Of the 30 family caregivers, 27 were females, 17 of these 27 women had children (15 female), five were wives, two were sisters-in-law, two were grandchildren (one male and one female), one was a sister, one was a daughter-in-law, one was a niece, and one was a great-granddaughter. Family members' ages varied between 20 and 70 years (average = 48.8). Member age categories were: seven between 35 and 44 years; seven between 45 and 54 years; six between 55 and 64 years; and five between 65 and 74 years.

Nursing professionals were categorized as follows: 18 females, aged between 25 and 50 years (average = 38 years). The majority (16) were between 35 and 44 years-of-age, while nine were between 25 and 34 years-of-age, and four were between 45 and 54 years-of-age. Only one individual was younger than 25 years.

Table 1 contains results of family members' care giving activities in the hospital and the care giving activities the nursing team expected them to perform toward the elderly patient.

For the caregivers, the always category showed the highest number of responses (265), while the whenever necessary category showed the lowest amount of responses (77).

Among the most frequently reported activities in which caregivers stated they always helped the elderly patient, *provide emotional support* was the highest at 29 (96.7%) responses followed by *drink* and *clean mouth and teeth,* 23 (76.7%) responses each; *eat,* 22 (73.3%) responses; and *hair care and shave,*18 (60%) responses. Activities such as *make bed* (n=8, 26.7%), *perform exercises* (n=10, 33.3%), and *walk* (n=10, 33.3%) displayed the lowest frequency of caregivers responses. Caregivers reported that those activities were hard to perform and required specific knowledge; therefore, they considered these activities more appropriate for the nursing team as they are required to perform them whenever necessary.

The most frequent activities (=50%) to which caregivers said they never helped the elderly patient were *walk*, *stand*, and *lay down*, with 16 (53.3%) responses each, and *take shower*, 15 (50%) responses. The following activities took place less frequently to which caregivers said they *never* helped then elderly patient: *drink,* four (13.3%) responses; *eat,* five (16.7%) responses; *change body position,* six (20%) responses; *dress and undress* and *clean mouth and teeth,* seven (23.3%) responses each; skin care, eight (26.7%) responses; and hair care and shave, nine (30%) responses. It is worth highlighting that there was no never response to provide emotional support on the part of the caregiver.

Although they were not questioned about it, these caregivers justified that they had never participated in the above-mentioned activities before, as they lacked the theoretical and practical knowledge. The caregivers were fearful of the patients falling down and hurting themselves, as well as the lack of confidence in moving them. Until the patients could make use of assistive devices, the caregivers do not know how to handle the patients. The caregivers also indicated that care giving activities were the responsibility of the nursing team, not the caregiver.

Activities, to which caregivers affirm they help whenever necessary occur at a high frequency (>30%) for dress and undress, 12 (40%) responses and change of body posi-

tion, 10 (33.3%) responses.

Regarding the nursing team expectation from the caregivers, Table 1 shows that the nursing team expects caregivers to provide assistance to the elderly patient at a higher frequency for *whenever necessary* (246 answers) than for *never* (136 answers) or and *always* (128 answers). In addition, the nursing team expects caregivers to *always* take

Table 1 - Daily Activities Performed by Caregivers and Expected by Nursing Teams During Admittance - Marilia 2002

Activities	Always			Never			Whenever necessary		
	Team	Caregiver	χ^2	Team	Caregiver	χ^2	Team	Caregiver	χ^2
	N (%)	N (%)		N (%)	N (%)		N (%)	N (%)	
Dress/ undress	1 (3.3)	11 (36.7)	**8.34	9 (30.0)	7 (23.3)	0.60	20 (66.7)	12 (40.0)	2.00
Sit	1 (3.3)	11 (36.7)	**8.34	8 (26.6)	10 (33.3)	0.50	21 (70.0)	9 (30.0)	4.80
Perform exercises	4 (13.3)	10 (33.3)	2.57	10 (33.3)	17 (56.7)	2.45	16 (53.3)	3 (10.0)	**8.89
Walk	7 (23.3)	10 (33.3)	0.53	3 (10.0)	16 (53.3)	**8.89	20 (66.7)	4 (13.3)	**10.67
Stand	2 (6.7)	13 (43.3)	**8.06	6 (20.0)	16 (53.3)	*4.55	22 (73.3)	1 (3.3)	**19.70
Use bathroom	4 (13.3)	15 (50.0)	*6.36	4 (13.3)	10 (33.3)	2.57	22 (73.3)	5 (16.7)	**10.70
Eat	17 (56.7)	22 (73.3)	0.32	1 (3.3)	5 (16.7)	2.67	12 (40.0)	3 (10.0)	*5.40
Drink	18 (60.0)	23 (76.7)	0.30	1 (3.3)	4 (13.3)	1.80	11 (36.7)	3 (10.0)	0.17
Take shower	5 (16.7)	11 (36.7)	2.25	10 (33.3)	15 (50.0)	1.00	15 (50.0)	4 (13.3)	*6.37
Hair care and shave	5 (16.7)	17 (56.7)	*6.54	8 (26.6)	9 (30.0)	0.06	17 (56.7)	4 (13.3)	**8.05
Clean mouth and teeth	7 (23.3)	23 (76.7)	**8.53	9 (30.0)	7 (23.3)	0.22	14 (46.7)	-	-
Hand and nail care	12 (40.0)	16 (53.3)	0.57	9 (30.0)	11 (36.7)	0.20	9 (30.0)	3 (10.0)	3.00
Foot and nail care	11 (36.7)	14 (46.7)	0.36	10 (33.3)	13 (43.33)	0.39	9 (30.0)	3 (10.0)	3.00
Skin care	5 (16.7)	18 (60.0)	**7.35	11 (36.6)	8 (26.7)	0.39	14 (46.7)	4 (13.3)	*4.76
Provide emotional support	24 (80.0)	29 (96.7)	0.49	2 (6.7)	-	-	4 (13.3)	1 (3.3)	1.80
Make bed	4 (13.3)	8 (26.7)	1.33	20 (66.7)	14 (46.7)	1.05	6 (20.0)	8 (26.7)	0.28
Change body position	1 (3.3)	14 (46.7)	**11.27	15 (50.0)	6 (20.0)	*3.85	14 (46.7)	10 (33.3)	0.67
Total	128 (10.00)	265 (100.0)	47.76	136 (100.0)	168 (100.0)	1.64	246 (100.0)	77 (100.0)	44.21

*χ^2> 3,84, p< 0,05; ** χ^2 >6,64, p<0,01.

part in *provide emotional support*, 24 (80%), *drink*, 18 (60%), and *eat,* 17 (56.7%).

It is also observed that the majority of the nursing team (80%) expects the caregiver to *always provide emotional support*. However, for less frequent activities in the *always* category, only one nursing professional each indicated that *dress and undress*, *sit*, and *change body position* (3.3%) were activities expected from the caregiver; two (6.7%) each indicated that *stand* and *lay down* were activities expected from the caregiver; four (13.3%) each indicated that *perform exercises* and *make bed* were activities expected from the caregiver*;* and five each (16.7%)*,* indicated that *take shower*, *hair care and shave* were activities expected from the caregiver.

The activities where the nursing team expects the caregivers to *never* help the elderly patient occurred in large frequency (=50%) for *make bed* 20 (66.7%) and *change body position* 15 (50%). Caregivers agree that these activities should be performed only by the nursing team.

It is worth highlighting that two nursing team members responded that caregivers should *never provide emotional support*. Other care giving activities that the nursing team responded that the caregiver should *never* perform were *drink* and *eat,* one (3.3%); *walk,* three (10%); and *use bathroom,* four (13.3%).

The nursing team expected caregivers to provide the elderly patient with support *whenever necessary* for the following activities by decreasing frequency: 22 (73.3%) each for *stand*, *lie down*, and *use bathroom*; 21 (70%) for *sit*; 20 (66.7%) each for *dress and undress* and *walk*; 17 (56.7%) for *hair care and shave*; and 16 (53.3%) for *perform exercises*. Nursing team members reported that these activities should be performed only when caregivers were guided on their execution or after clear instructions.

The following activities displayed the lowest frequency of responses (=30%) in the *whenever necessary* category: nine (30%) each for *hand, feet and nail care*; six (20.3%) for *make bed*; and four (13.3%) for *provide emotional support*.

Verifying whether or not there was a statistically significant difference among the activities that the nursing team expects the caregivers to provide to the elderly patient, the non-parametric χ^2 test was applied for each activity.

The χ^2 test reported variances between responses on what the nursing team expects from the caregiver and what the caregivers provides in the always category for the following activities: *dress and undress, sit, stand and lay down, use bathroom, hair care and shave, clean mouth and teeth, skin care* (massage, cream application, and cleaning)*,* and *change body position*. However, in the never category, there was only one discrepancy between the nursing team and caregiver for *walk, stand and lie down,* and *change body position*.

For the *whenever necessary* category, the results showed disagreements for the following activities: *dress and undress, hand and nail care, foot and nail care, provide emotional support*, *make bed*, and *change body position*.

The χ^2 test results also indicated that for activities the nursing team expected caregivers to perform and those actually provided by caregivers, there was agreement only in the *never* category and disagreement in the *always* and in the *whenever necessary* frequencies.

DISCUSSION

The care giving processes revealed several and complex activities that promote a very close interdependence between caregivers and nursing teams. Caregivers, as participants in this process, ought to be guided and aided in their role. Furthermore, the presence of family members facilitate and benefit the nursing team in less complex activities and as a result of being nearby during the whole admittance period, makes the caregiver capable of observing eventual problems thad require help from the nursing team.

However, replacing the nursing team's role with that of the family members' role is not possible; the presence and participation of family caregivers must be seriously taken into account as a valued opportunity, and they should be involved in the elderly patient's care giving process; however, their limits as well as their potential must be considered. Yet, family members and nursing teams should develop a *partnership* in which the nursing team is responsible for guiding family members concerning the activities in which they can participate and help.

The literature shows that a certain degree of blame and authoritarianism on the part of the nursing team exists, and apparently place the burdened of care giving activities only on family members during hospital admittance process. These compulsoriness leads us to the importance of nurses and the nursing team to commit to the whole care process rather than transferring or and delegating care responsibilities to the caregivers[13].

In another study located in a healthcare unit where the family oriented support for hospitalized elderly patients was practiced, researchers reported that nurses justified the need of family members' involvement and participation not only because the patient was dependent on family care, but also because they had specific skills and experience for the tasks. These skills and expertise allowed the caregiver to effectively in carry out the care giving tasks after the patient was release from the hospital. Therefore, during the admittance period, family members become companions to the patient and partners to the nursing team[4].

Some studies highlight that family members can help with simple care giving activities during the admittance period[14]. Reports collected from family caregivers and nursing team members observed from that the presence of family members during the elderly patient's hospital admittance, as well as their participation in activities such as feeding, displacing, and cleaning provided a significant positive effect on the nursing team, the elderly patient, and the family members[3].

In this present study, the highest frequencies in the *always* category were *provide emotional support* for 29 family members (96.7%) and 24 nursing team members (80%). These results suggest that emotional support is one of the critical care giving elements during the elderly patient's hospital admittance period.

These results also corroborate conclusions presented in other studies[9-12] carried out in all three fields: the hospital, where 30% of family members offered daily emotional support; the geriatric unit, where patients were visited once a week by family members but only half provided emotional support; and the nursing home, where 23% of family members provided emotional support at least once a week.

General data show that family members are becoming increasingly involved in providing emotional support as an inherent factor in the care giving process, regardless of culture or country.

In addition to providing emotional support, other daily life activities that were high in frequency among caregivers who always assisted the elderly patient were *drink* and *eat*. These activities were also indicated[9] by research carried out in a university hospital showing that informal caregivers became involved helping patients *drink* and *eat* at a very high frequency.

Other high frequency activities were mentioned in the present study, although the report was different depending on the caregivers. In this way, caregivers indicated activities such as *clean mouth and teeth*, *skin care* (massage, cream application), and *hair care and shave*, while the nursing team expected the caregivers to help with *hand and nail care*. All these activities correspond to routine care daily practices performed by family members toward the patient's cleaning.

Data from another study[15] investigated how the caregiver's performance was directly related to the needs of patient homecare, showing that a relevant number of caregivers developed cleaning practices mentioned above.

Family members included in our study sample presented stronger involvement in care giving activities such as feeding and cleaning as these activities are traditionally performed by women. Hence, when the caregiver profile from this present study is compared with the ones described by national and international literature, the majority of caregivers are wives, daughters, or sisters[9,15-17].

This study recorded discrepancies between the researched groups in the *always* category regarding the performance of eight activities: *change body position*, *dress/undress*, *sit*, *stand*, *clean mouth and teeth*, *skin care*, *use bathroom*, and *hair care*. Family members affirmed that they helped elderly patients in these activities beyond what the nursing team expected them to do.

Less complex tasks that were delegated to family members included cleaning, changing the bed, feeding, and elimination[3]. The nursing team took on more complex activities such as administration of medication, verification of vital signals, probing processes, blood draws, and other procedures. However, these roles require a certain degree of caution and attention. Once a patient is admitted, the nursing procedures and care practices are the nursing team's responsibility and, therefore, should not be delegated to caregivers, regardless their complexity[18-19].

After investigating the care practices, nurses felt that family members provided the most effective supportive for life maintenance activities such as feeding, cleaning, comfort, and mobility but only if the caregiver was capable of performing these activities[18-19].

CONCLUSION

There has been an large discrepancy between the nursing team's expectations and the activities performed by caregivers in the *always* category for *change body position*, *clean mouth and teeth*, *dress and undress*, *sit*, *stand*, and *skin care*; in the *whenever necessary* category for *stand*, *use bathroom, walk,* and *perform exercises*; and in the *never* category for *walk* .

The presence of the family member throughout the elderly patient's hospital admittance and their engagement in care giving process should not be deemed as an opportunity for the nursing team to delegate responsibilities to the caregiver or other personnel, such as nursing assistants. Family motivation, as well as structural and affective aspects of the care giving process must be respected; competence aspects and the inaccurate, inadequate performance limits likewise.

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