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RESEARCH

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CAREGIVERS' ACTIVITIES AT A LONG-STAY INSTITUTION FOR THE ELDERLY

Atividades dos cuidadores de idosos em uma instituição de longa permanência

Actividades de los cuidadores de idiomas en una institución de larga permanencia

Simone Rodrigues de Carvalho¹, Yanka Carollayne Vogado Próspero², Ana Paula Pereira da Silva³, Francisca Cecília Viana Rocha⁴, Camila Aparecida Pinheiro Landim Almeida⁵, Eliana Campelo Lago⁶

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ABSTRACT

Objective: The study's purpose has been to analyze the activities performed by long-stay institution caregivers.

Methods: It is a descriptive research with a qualitative approach, which was performed at a long-stay philanthropic institution for the elderly located in the East of *Teresina city*, *Piauí State*. A total of 12 randomly selected elderly caregivers have participated of the study. Data collection took place from February to March 2017 through semi-structured interviews. **Results:** Based on the thematic analysis, it was possible to underline two categories, as follows: Activities concerning basic human needs; and, The caregivers' overload due to elderly-related activities. **Conclusion:** The actions taken do not go beyond the caring activities. Although some caregivers mention doing some plays, dances, and games, those actions are considered unusual, because not everyone does it. There is a setback, because the activities lead such professionals to work overload, mood swings, adaptation difficulties, total dependency, then becoming a barrier to its own execution.

Descriptors: Elderly, aging, caregivers, long-stay institution for the elderly.

RESUMO

Objetivo: Analisar as atividades realizadas pelos cuidadores de idosos de uma instituição de longa permanência. **Método:** Pesquisa descritiva com abordagem qualitativa, realizada em uma Instituição de longa Permanência para Idosos no município de Teresina-PI,

- 1 Nursing Graduate by the *Centro Universitário UNINOVAFAPI*, Specialization student in Health Emergency by the *UNINOVAFAPI*.
- 2 Nursing Graduate by the *UNINOVAFAPI*.
- 3 Nursing Graduate by the *UNINOVAFAPI*, Specialization student in Obstetric and Gynecological Nursing by the *Unidade de Ensino Superior do Sul do Maranhão (UNISULMA)*.
- 4 Nursing Graduate by the *Universidade Federal do Piauí (UFPI)*, Specialist's Degree in Patient's Safety and Quality by the *Fundação Oswaldo Cruz (FIOCRUZ)*, MSc in Nursing by the *UFPI*, PhD student in Biomedical Engineering by the *Universidade do Vale do Paraíba (UNIVAP)*, Registered Nurse at *Hospital Getúlio Vargas*, Professor at *UNINOVAFAPI*.
- 5 Nursing Graduate by the *Universidade de Fortaleza (UNIFOR)*, MSc and PhD in Nursing by the *Universidade de São Paulo (USP)*, Full Professor at *UNINOVAFAPI*.
- 6 Nursing Graduate by the *UFPI*, PhD in Biotechnology by the *UFPI*, Professor at *UNINOVAFAPI*.

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com 12 cuidadores de idosos, de fevereiro a março de 2017, por meio de uma entrevista semi-estruturada. **Resultados:** Após a análise temática foi possível destacar duas categorias: Atividades em relação às necessidades humanas básicas e a sobrecarga dos cuidadores na realização das atividades com os idosos. **Conclusão:** As ações realizadas não correspondem às atividades além do cuidado. Embora alguns cuidadores se referem fazer algumas brincadeiras, danças e jogos, essas são consideradas como algo não habitual. Há um contratempo, pois as atividades levam a estes a uma sobrecarga de trabalho, mudanças de humor, dificuldades na adaptação, dependência total, tornando assim uma barreira para execução das mesmas.

Descritores: Idoso; Envelhecimento; Cuidadores; Instituição de longa permanência para idosos.

RESUMEN

Objetivo: Analizar las actividades realizadas por los cuidadores de ancianos de una institución de larga permanencia. **Método:** Investigación descriptiva con abordaje cualitativo, realizada en una Institución de larga permanencia para ancianos en el municipio de Teresina-PI, con 12 cuidadores de ancianos, de febrero a marzo de 2017, a través de una entrevista semiestructurada. **Resultados:** Después del análisis temático fue posible destacar dos categorías: Actividades en relación a las necesidades humanas básicas y la sobrecarga de los cuidadores en la realización de las actividades con los ancianos. **Conclusión:** Las acciones realizadas no corresponden a las actividades más allá del cuidado. Aunque algunos cuidadores se refieren a hacer algunas bromas, danzas y juegos, esas son consideradas como algo no habitual. Hay un contratiempo, pues las actividades llevan a éstos a una sobrecarga de trabajo, cambios de humor, dificultades en la adaptación, dependencia total, haciendo así una barrera para ejecución de las mismas.

Descriptor: Anciano; Envejecimiento; Caregivers; Hogares para ancianos.

INTRODUCTION

The aging process is an event of natural origin, which varies from individual to individual, for some it arrives earlier and for others later, so several factors contribute to this process, among them how the time was lived. Many elderly people accept and face old age as a normal phase, while others have difficulty seeing this phase of life. Some elderly people see this phase as the reduction of activities daily, others see it as a fragile, dependent phase and there is always a concern about how the body will look and what possible changes will occur during this period.¹

Aging has become a worldwide phenomenon. The *Instituto Brasileiro de Geografia e Estatística (IBGE)* [Brazilian Institute of Geography and Statistics] estimated in 2010 that Brazil will reach, in 2025, about 32 million elderly people aged 60 years old or more. With the increase in the elderly population, there is a question of alerting the government and other private initiatives that need to create social policies to prepare the population for the current situation. Aging can be considered as an issue of

organic change that can result in homeostatic changes with health complications.^{2,3}

The Brazilian Ministry of Health defines aging as follows: "A gradual process that progresses during life and that implies biological, physiological, psychosocial and functional changes of various consequences, which are associated with dynamic and permanent interactions between the subject and his environment".⁴

Given this questioning, not all elderly people are in a position to maintain self-care. Therefore, they will depend on family care and many are not prepared to deal with this reality. Some with daily routines that make this practice of care difficult, others with low socioeconomic levels. Furthermore, chronic diseases are an important factor for these families due to the lack of knowledge regarding such situation. With the population over 80 years old, there will be less independence and more illnesses. So, those dependencies lead families to look for Long-Stay Institutions for the Elderly (LSIE).⁵

LSIE are places that house people aged 60 years old or more whether they have dependencies or not. These are places that have existed for a long time and are known as nursing homes, shelters, and homes. There are government, philanthropic or private institutions.⁶

Caring is an ontological dimension of the human being. Each individual has a different form of providing care by taking into account values, behaviors, and attitudes. For these reasons, a concern for the elderly cared for arises, because the action of care implies not only a task or activity, but something that represents much more, as affection that involves respect and complementarity.⁷

According to the elderly person's caregiver manual, the caregiver can be classified as formal and informal. The formal is defined as a person who receives monthly numbers and is trained in training to exercise the function maintaining an employment relationship. The informal group, on the other hand, are people of the family member such as wife/husband, children, sisters/brother, being generally classified in this group, female people for maintaining a greater relationship and affection with the elderly. In this group are still included friends, neighbor, daughter-in-law, even though they have no remuneration, they provide volunteer care services.⁸

Bearing in mind the aforesaid, it is needed a more in-depth study on the topic "caregivers' activities at a long-term institution for the elderly", with the guiding question "What activities are performed by caregivers at a long-term institution for the elderly". This study meant to describe the activities performed by long-stay institution caregivers; characterize the participants; analyze the barriers encountered by caregivers in carrying out their activities; develop an educational folder with care guidelines for the caregivers of institutionalized elderly people.

METHODS

It is a descriptive research with a qualitative approach based on meanings, motives, aspirations, beliefs, values, and attitudes, as the human being should not be comprehended only by acting but also by thinking about what he/she does.⁹

This research was carried out at a long-stay philanthropic institution for the elderly located in the East of *Teresina city, Piauí State*, and funded by the Association named "*Divina Providência*". A total of 12 randomly selected elderly caregivers have participated of the study, who were named after Arabic numerals. There were included elderly caregivers with 01 year of working experience at the LSIE, from both genders. Whereas, caregivers either on vacation or sick leave, and those who had less than 01 year working experience were excluded.

Data collection took place from February to March 2017 through semi-structured interviews, where the content analysis was applied. There were followed the ethical principles overseen by the Resolution No. 466/12 from the National Health Council, which addresses researches involving human beings. This study was approved by Research Ethics Committee under the legal opinion No. 1868577, on December 14th, 2016.

RESULTS AND DISCUSSION

Considering the 12 elderly caregivers, six were women and six men, within the age group from 26 to 57 years old, most with complete/incomplete high school. Half of the caregivers have been working as such for more than 6 years. The following two categories stood out: Activities concerning basic human needs; and, The caregivers' overload due to elderly-related activities.

Activities concerning basic human needs

Caregivers report in their statements the basic human activities carried out every day, activities that are essential in the life of the human being to maintain their survival and comfort, such as bathing, breakfast, diaper changes, lunch, snacks, and taking them to bed. Primary activities in caring for the elderly person, which were evidenced by the statements:

[...] In the morning we go to setup the breakfast, right... then comes the sunbath after breakfast, after the sunbath, comes the snack, then after the snack comes the lunch, there is their resting time, then after the rest, we go to setup bathing until two-thirty that is the snack time, then after the two-thirty snack time, there is the dinner at five in the afternoon [...] (1)

07:30 a.m. is breakfast time... then after breakfast, we go there to the little square that is sunbathing, they stay until nine o'clock, when they come for a snack, then there

is supervision, if there is any activity, do it in the lounge downstairs, then 11:30 a.m. is lunch time, there is half an hour of rest, then they are ready to sleep, then I go to changing clothes, check if they peed, changing diapers, then one and a half is their bath... three hours is the snack... then put them to watch television [...] (2)

[...] The activities here you do with him... I bathe them, give them their food, cut their nails, brush their teeth, do the complete hygienic cleaning [...] (9)

The literature confirms that the caregiver's activities cited by the interviewees are limited to day-to-day tasks and not procedures and that this caregiver is always a family member or not.¹¹ The same author points out that, in addition to basic activities, they can exercise others such as food preparation, cleaning the place, washing, sewing and organizing the clothes.¹¹

Elderly people have a higher prevalence of functional disability for activities such as bathing and dressing. Because they are dependent, it demands more from the caregiver, which makes it more tiring and overwhelming.¹² This finding can be confirmed with the following statements:

[...] There are some that to be standing, to put a diaper, we find it difficult, right, because there are days that this (resident) stands, but there are days that she is angry, she doesn't want to stand, wanting to fall, then we have to increase the strength to be able to deal with her, we have to talk to her, you know - there are some who don't stand because of health conditions [...] (1)

[...] Some say, I am not dependent, I will go, I go alone, I want to go alone and cannot go alone, there must be someone supporting. In the bathroom, some go alone, but it's not good to go alone, we should be always accompanying them [...] (2)

The dependent elderly requires physical effort by the caregiver, leading to caregiving for the development of other activities. Caregivers who perform the task for long periods of the day and for many years, might experience higher work overload. Likewise, long-stay care can harm or favor greater weariness of the caregiver, providing a worsening in the quality of life and thus can develop health problems, such as stress and depression.¹³

With stress and overload, an obstacle is favored for the development of other activities related to group dynamics and games, knowing that several aspects of the caregivers' life quality are affected by the levels of work overload arising from providing care for elderly people, being perceived by women. individual characteristics of each caregiver.

When asked about the performance of activities that work the body, the mind, improve balance, self-esteem of the elderly, such as games, games, group dynamics, some referred to perform, others confirmed that this type of games the institution receives a group of psychologists and physiotherapists for their development. It can be seen in the following statements:

[...] Like these plays and there are days for everything, there is the day and time for everything. It is twice a week. And even because of the college girls, you know, the physiotherapist who comes and during this period they stay with her [...] (3)

[...] We don't develop any activity, because when we arrive it is already at that time, we are more concerned with bedtime, bathing and changing clothes, changing sheets, cleaning the rooms, in this part that we stay at night... no, not at night [...] (5)

[...] Well, I go together with the people who come here from psychology and then we join them and do group dynamics, right, so they don't get that... How can I say? Don't stay isolated [...] (10)

Recreational activities that involve physical exercise are beneficial for the elderly and can be performed in their leisure time, being considered for involving cultural events, such as games, games, arts, among other possibilities. Recreational activities can be done according to the elderly's capability, not necessarily a physical effort, but promoting well-being, stimulating cognition, affective or socially. Nevertheless, these activities can minimize or delay losses during aging.¹⁴

Among the physiological needs, it appears as an activity to show the caregiver's affection towards the elderly, which can be observed in the report of one of the caregivers.

[...] We create a great affection with them playing, even those who have difficulty talking to people, we see it... they already know us as if they were a family member [...] (12)

The need to have affection, to show love and warmth are fundamental needs, because due to age and not being able to do the same things anymore, it makes it easier for the caregiver to carry out the activities.¹⁵

[...] So, you have to know how to deal with these people, you have to be very patient, talk a lot, because it's difficult, right... they are very docile [...] (6)

The relationship between the caregiver and the elderly person is essential for understanding care in the face of the emergency in the construction of feelings and subjectivity of the caregiver. A construction of friendship and affection

favors the good relationship between both parties.¹⁶ In addition to the affective and humanized care, the caregivers of this research stated that it is necessary to like the elderly, the profession, to have empathy, to be dedicated and to know how to donate to the another as reported by caregivers:

[...] I really like arguing with them, for me it is a learning experience for them as well as for me, right, because I have to learn a lot from them [...] (3)

[...] It's something I like, because I don't do it just to say that I have the money, you know, I do it because I like it [...] (1)

The experiences gathered in a study carried out in Portugal corroborate the study, as there are records of great satisfaction for taking care of the elderly, which leads to the creation of emotional bonds with the elderly, creating a stronger bond with the elderly that can be remembered or compared to a family member of the caregiver. This relationship can be justified by the lack of affection between the elderly and their family members because they feel needy, which is perceived by the caregiver who is present in the elderly's daily life. This provides feelings of warmth for the elderly people of whom they take care.¹⁷

Concerning the tasks performed by caregivers, those are activities of daily living such as (feeding, changing diapers, bathing). Regarding the functional activity for the performance of body skill, only 4 of the participants mentioned playing with the elderly people; which leads us to a result of performing basic tasks corresponding to daily care.

The caregivers' overload due to elderly-related activities

According to the caregivers' report, work overload results in a lack of time and elderly's dependency on others, which makes it difficult to carry out daily activities. Overload is linked to excessive tasks.¹⁸

[...] We don't do any activity, because when we arrive it is already at that time, we are more concerned with bedtime, bathing and changing clothes, changing sheets, cleaning the rooms... as I'm telling you at this time, the only thing you can do is this [...] (5)

[...] It is not possible to carry out their activities because there are many things we do [...] (10)

It is observed that the lack of time to carry out other activities, in addition to the ordinary ones of daily life (food preparation, bathing, changing diapers, among others) occurs due to the rush at work and high demand for activities.

[...] Because it is very busy here, you have to do your best to go to the activity, right, because it is very tied at service, you know how is it to work with elderly people, running all the time [...] (2)

The dependent elderly is another factor that interferes in the process. Herein, caregivers report this as a difficulty in carrying out activities:

[...] The most difficult thing is when they have Alzheimer's disease [...] (4)

When it comes to Alzheimer's disease, attention needs to be redoubled within the institution.¹⁹ And with that, the caregiver must know how to deal with the elderly by facing this difficulty:

[...] We talk to them, we have to know how to talk... we took a course there to learn how to talk to them, to play, because this is how you deal with them [...] (4)

[...] Some elderly people are a little rebellious, angry, right... so with these people you have to know how to deal with them, you have to be very patient, talk a lot, because it is difficult, right...] (6)

Others talk about the dependency of wheelchair users and bedridden people which creates a certain impediment, then creating overload:

[...] Total dependency on a wheelchair, 80%... 70%... 3 or 4 do walk, everyone else is a wheelchair user, there are those bedridden also [...] (5)

[...] They accept it, but those who are already bedridden just won't accept it, then we no longer take them, we leave them under observation... Interacting, some of them walk, others you can say that are walking with the wheelchair support [...] (10)

It is emphasized that services provided to elderly people, such as physical and mental health, can result in overload, due to the accumulation of responsibilities. Taking into account that the numbers of caregivers in the team also generate overload, because the fewer people to perform the activities, the more responsibilities they will have.²⁰

When the caregiver feels overwhelmed, they usually acquire unexpected results, nonetheless, it can lead to caregivers appearing of unsatisfactory symptoms, such as psychiatric, fatigue and also affecting their quality of life.^{11,21}

Participants have reported difficulties in performing some activities, such as group dynamics. It is worth mentioning that the elderly's functional capacity interferes with the practice of these tasks to be carried out, thus making daily services a priority before the care to be provided.

CONCLUSIONS

Through this research, it was possible to grasp that the caring practice goes beyond a service provided to the institution, whereby demonstrating affection and warmth, it is possible to create an affective and humanized relationship corresponding to the improvement of the experience of these elderly people at the institution.

Bearing in mind the aforementioned, the activities carried out by caregivers are performed daily, and the actions performed do not correspond to activities other than care. Although some caregivers mention doing some plays, dances, and games, those actions are considered unusual, because not everyone does it. The activities lead to work overload, mood swings, adaptation difficulties, total dependency, then becoming a barrier to its own execution. Hence, there is a need to invest in more studies that can better emphasize the activities of such caregivers.

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Corresponding author

Simone Rodrigues de Carvalho

Address: Conjunto Ludgero Raulino, 5, Boa Fé

Altos/PI, Brazil

Zip code: 64.290-000

E-mail address: symonne2732@hotmail.com

Telephone number: +55 (86) 99949-6673

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