ABSTRACT

Objectives: to identify caregivers' conception of the care provided to the elderly and to analyze the meaning of care. Method: this exploratory, descriptive and qualitative study was conducted through semi-structured interviews with 12 formal caregivers at a long-term care facility in the city of João Pessoa-PB. The data were produced between June and July 2012, after approval of the research project by the Research Ethics Committee, Opinion 23836. The collected data were analyzed using the technique of content analysis. Data were interpreted and categorized in thematic units. Results: the following thematic categories emerged from the data analysis: care as a feeling of love for our neighbor; care rewarded by the affection of those who were cared for; feeling of powerlessness that involves caregiving. Conclusion: this study allows us to understand the meaning of care according to its subjectivity and sensitivity, respecting the wishes of those who are cared for. Caregivers care for the elderly with love, dedication and zeal. Descriptors: Elderly; Caregivers; Long-Term Care Facilities for Elders.

RESUMO

Objetivos: conhecer a concepção dos cuidadores a respeito do cuidado prestado ao idoso e analisar o significado do cuidado. Método: estudo exploratório, descritivo, com abordagem qualitativa, realizado por meio de entrevista semi-estruturada, com 12 cuidadores formais em uma instituição de longa permanência do município de João Pessoa-PB. Os dados foram produzidos de junho a julho de 2012, após aprovação do projeto de pesquisa pelo Comitê de Ética em Pesquisa, parecer 23836. O material coletado foi analisado considerando a técnica de Análise de Conteúdo, interpretado e categorizado em unidades temáticas. Resultados: da análise do material emergiram as categorias temáticas: o cuidado como sentimento de amor ao próximo; o cuidado recompensado pelo carinho de quem já cuidou; o sentimento de impotência que envolve o cuidado. Conclusão: o estudo permitiu compreender os significados do cuidado na sua subjetividade e sensibilidade, atendendo ao desejo de quem é cuidado. Os cuidadores exercem o cuidar com amor, dedicação e zelo. Descriptores: Idosos; Cuidadores; Instituição de Longa Permanência para Idosos.

RESUMEN

Objetivos: conocer la concepción de los cuidadores respecto al cuidado prestado a los ancianos y analizar el significado del cuidado. Método: estudio exploratorio, descriptivo, cualitativo, realizado a través de entrevistas semi-estructuradas con 12 cuidadores formales en una institución de larga estadia en la ciudad de João Pessoa-PB. Los datos fueron recolectados entre junio y julio de 2012, después de la aprobación del proyecto de investigación por el Comité de Ética en Investigación, Opinión 23836. Se utilizó la técnica de análisis de contenido para el procesamiento de los datos, los cuales fueron interpretados y clasificados en unidades temáticas. Resultados: dos categorías temáticas centrales emergieron del análisis de los datos: el cuidado como un sentimiento de amor al prójimo; el cuidado recompensado por el afecto de aquellos a quienes han cuidado; el sentimiento de impotencia que involucra el cuidado. Conclusión: este estudio nos permite comprender los significados del cuidado en su subjetividad y sensibilidad, respectando el deseo de los que son cuidados. Los cuidadores ejercen el cuidado con amor, dedicación y celo. Descriptores: Ancianos; Cuidadores; Institución de Larga Estadía para Ancianos.

1Nurse, Professor, Msc in Public Health, Technical Health School, Federal University of Paraiba/UFPB. PhD student in Biomedical Gerontology, Postgraduate Program, Pontifical Catholic University of Rio Grande do Sul/PUCRS. Porto Alegre (RS), Brazil. João Pessoa (PB), Brazil. E-mail: betaneasantos@yahoo.com.br; 2Psychologist, Professor, PhD in Psychology, Pontifical Catholic University of Rio Grande do Sul/PUCRS. Porto Alegre (RS), Brazil. E-mail: argimoni@pucrs.br
INTRODUCTION

There are several reasons that lead to the institutionalization of the elderly. We may highlight: the absence of family members or family members who are unable to care for them on a full-time basis; generational mismatch; inadequate socioeconomic status; high degree of dependency for performing daily tasks; need for rehabilitation after hospitalization; and personal decision.\(^1\)\(^-\)\(^2\)

Long-term care facilities for the aged (LTCFA) are based on charity and aim at meeting basic needs of the elderly, such as having a place where to eat, shower and rest. Over the years, such facilities have become an option for elders with limited mobility, in terminal stages of disease, with high degree of dependency, who have no family caregivers or whose families lack the necessary financial resources.\(^3\)

LTCFA are the oldest and most universal institutions which provide assistance to the elderly outside their familiar environment. However, it has the inconvenient of favoring their isolation from society, his physical and mental inactivity, bringing negative consequences for their quality of life.\(^4\)\(^-\)\(^5\) Although the demand for these institutions has greatly increased in recent years, Brazil is not yet prepared to attend this demand and most institutions are inadequately structured to shelter and support the elderly.\(^6\)

LTCFA are basically composed of several people: elders, caregivers, family members, administrative and technical staff, and the community in which the institution is located. In these institutions, the human factor makes itself present in a peculiar way. It is through this human presence that inter-human relationships are built or destroyed.\(^7\)

A LTCFA is an environment for the generation of meanings. It constitutes a system rich in symbolisms of routines, customs, beliefs and rituals. Their understanding requires knowing how to listen to, observe and interpret the behavior and the feelings of the elderly. By learning to understand personal meanings and improve the art of listening we should be able to grasp the meaning expressed by people during their everyday-life experiences.\(^8\)

Taking care of people is not a new activity of taking care. It has always existed and is being increasingly developed in the last years. People who dedicate themselves to caring for the elderly are known as caregivers. There are several kinds of caregivers: formal, informal, family, friends, volunteers and trained professionals. In long-term care facilities, these persons are called formal caregivers, also known as occupational or professional caregivers. The caregiver occupation integrates the Brazilian Classification of Occupations (CBO) under code 5162-10. A caregiver is defined as someone who “provides care according to the objectives established by specialized institutions or persons in charge. They care for the welfare, health, feeding, personal hygiene, education, culture, recreation and leisure of the assisted person.”\(^9\)\(^-\)\(^2\(^4\)

A caregiver is a person who is willing to be diligent, attentive, alert and dedicate himself/herself to others. He/she is the person who lives daily with the elderly, providing them assistance with hygiene care, giving them comfort, helping with feeding, encouraging them to perform rehabilitation activities, and interacting with the therapeutic team.\(^7\)

Given his/her many tasks, this person needs to adapt to different structures and standards of the working environment, respect the privacy of those under their care, demonstrate sensitivity, benevolence, tolerance and patience, know how to listen to people, keep calm in unexpected situations, take initiative and be creative, know how to deal with aggression, seek information and technical guidance, dominate primary health concepts, be honest and demonstrate moral conduct.\(^6\)

Care is one of the essences that integrates and structures the human being. It is essential for promoting life, health and the maintenance of the species. It appears when there is a concern about something or someone, when his/her existence is important to others, when we partake of his/her life and therefore care for him/her.\(^6\) Human relations are built on affective bonds. These ties give people and situations a value. We worry about them. We have responsibility for the bond created between ourselves and other people. The ‘care’ category involves this entire way of being. It shows how we function as human beings.\(^5\)

Caring means the way this activity is or should be performed between caregiver and care recipient. It is defined as “behaviors and actions involving knowledge, values and skills, undertaken in order to promote people’s potential to maintain or improve the human condition in the process of living and dying”.\(^10\)\(^-\)\(^1\(^4\) It holds objective and subjective relations that go beyond rational and measurable logic. Care relations should be performed harmoniously. Therefore, it is necessary to understand the meanings expressed by people on different situations experienced by caregivers.\(^5\)

Caring for institutionalized elders demands continuous attention, in order to prevent that any aspect is neglected. For the caregiver, the attention given to this population usually represents an arduous and complex task. This activity often generates feelings of anxiety,
insecurity and discouragement. This process, however, varies from person to person and does not occur in all caregivers. The satisfaction of caring for the aged can be determined by social, physical and financial factors, among others. Poor health, decreasing ability for self-care, loneliness, anxiety, and scarce financial resources are factors that must be considered in the daily care of the elderly in order to preserve or improve their quality of life.

Institutional care is provided by formal caregivers and may be necessary due to the inexistent of a caregiver at home, inappropriate housing, poor local services, patient's wishes, the need for family members to be absent from home due to work or high costs of care. The State may offer financial incentives. Formal care requires a set of actions provided by a network of public and private healthcare services for the care of the elderly. Institutionalization is necessary when the care required is of greater complexity. The quality of care provided in long-term care facilities can be a determining factor in the will to live and health status of the elderly. In Brazil, there are very few studies on the requirements needed for being a caregiver of the elderly, he/she is still an unknown character in the public scenario.

Given the above, this study was developed based on the following questions: How do caregivers of a long-term care facility care for the institutionalized elderly? What are the specifics of the care provided by caregivers? In order to answer these questions, we set the following objectives:

- To identify caregivers’ conception of the care provided to the elderly
- To analyze the meanings of the care provided to the elderly.

**METHOD**

This exploratory, descriptive and qualitative study was conducted at a long-term care facility in the city of João Pessoa-PB, which is registered in the Municipal Council of the Elderly and linked to the Municipal Secretariat for Social Action. 12 formal caregivers were selected to participate in the study according to their availability. Inclusion criteria were: formal caregivers who worked in the institution and agreed to participate in the study. A questionnaire with the following subjective questions was used for data production: What does it mean for you to care for the elderly? What are the feelings you have regarding the care provided to the elderly?

Data production was performed through semi-structured interviews, which were individually scheduled and held during the months of June and July 2012, from 2pm to 5pm three times a week. All participants previously signed an informed consent form. The privacy of respondents was safeguarded. Each interview was preceded by an informal conversation. In order to clarify any questions raised by participants, the questionnaire was previously presented and explained to them. All interviews were recorded and transcribed verbatim.

The collected data were analyzed using the technique of content analysis. Data were interpreted and categorized in thematic units. The verbatim transcription of the interviews and the results were structured into thematic categories. This allowed us to develop an understanding of the meaning of the statements made by the participants, as well as to discover new elements, developing a deeper understanding of what is being communicated. For the presentation of the results we used the narrative technique, which allowed the comparison of meanings with the pertinent literature.

This study followed the ethical guidelines of Resolution No. 196/96 of the National Council of Health (CNS)/ Ministry of Health (MS), which regulates research involving human subjects. The project was approved by the Ethics Committee of PUCRS, No. 23836, on May 18, 2012.

**RESULTS AND DISCUSSION**

The following categories emerged from the analysis of the empirical data obtained from the statements:

- Care as a feeling of love for our neighbor.

You see, my feelings regarding the care provided to the elderly are of love for our neighbor, because I think if I don’t give the elderly attention and love, if I don't take good care of them, what will happen to me when I’m older? [...] (Bromeliad)

It means love, affection, and paying attention to them, dedication. [...] There are so many meanings, gratitude is [...] happiness, sometimes I even get emotional [...]. (Chrysanthemum)

It is being able to give them attention [...] we also have to give them affection, [...] walk, talk with them [...] because the elderly feels very lonely so they just need a person to talk to [...] . (Sunflower)

I feel an immense pleasure in taking care of them, because they are left here by their families and they feel lonely [...] then it is a great pleasure, it is a feeling of love, joy [.]. (Iris)

By promoting conditions that favor the expression of affection, one offers these individuals a chance to feel supported,
enlightened, informed and strengthened. This makes it possible for them to develop a better relationship with the team who cares for them. The statements attributed to the meaning of care as a feeling of love for our neighbors express positive feelings. They indicate the caregiver’s ability to provide care with affection, to get to know more about the elderly that are under their responsibility, to try and understand and intervene in actions that positively modify the everyday life of the person being cared for.  

In the study entitled Perceived satisfaction of caregivers of people with dementia and caregivers of people with AVC: a comparative study, the authors obtained as one of the most important and positive results a high proportion of caregivers who reported feeling great satisfaction, regardless of the dynamics attributed to the care activity. Feeling satisfaction and pleasure in caring for others requires involvement, promoting a relationship of empathy and exchange, and not only the simple performance of a technique. Another study found that the most caregivers (57%) revealed positive feelings, regardless of the responsibility and difficulties experienced in supporting the activities of daily living of the elderly. From these considerations, we can see that the primary purpose of care is not only meeting the basic daily needs of the elderly, but rather an activity that goes beyond simply performing the technique. Its goal is also to meet the psychosocial needs of the human being. Their speeches reveal that the care provided to the aged is surrounded by a human attitude of commitment and accountability that is necessary for caregiving activities to take place. 

The answers of the study participants show that they are concerned about the subjectivity involved in caring for others, such as love, affection, attention and joy. Their speeches are filled with values expressing the prioritization of respect, dedication and zeal. They are the result of a sensitive and human work that reinforces feelings and preserves the relationship between caregivers and those who are cared for. Care rewarded by the affection of those who were cared for

Because we give them affection and they also convey affection to us, some of them are thankful for what we do for them [...] I feel very happy to care for them [...] they wish us a nice day, ask us to get closer, hug us, say they love us, they adore us. [...] (Fleur-de-Liz) If they are able to walk, I take them to a walk, if I stop and listen to them a bit or talk to them [...] I stopped everything I was doing to listen [...]. just a little bit of so much they have to teach me, [...] and they will be grateful for that bit of attention. (Pink Dahlia) [...] they start telling stories of how life was, all this is a very moving, and as you listen you think: today he is the one in this position, someday I might the one going through a similar situation, [...] (Lavender) 

Care is more than an activity, it represents an attitude of occupation, concern, accountability and emotional involvement with others. It permeates all human existence, with resonances in several important attitudes, including the act of stopping and listening to others. Caring for a frail elder provides feelings of gratitude, reciprocity and commitment between different generations. The professional care should value the individual’s continuity of life as a reason for its existence. Moreover, the information received from the elderly need to be systematically and deliberatively studied, and intentionally used. In their speeches, the respondents demonstrate values that prioritize the respect, love, dedication and the zeal for the person being cared for. 

- The feeling of helplessness that involves caregiving.

[...] Sorrow [...] helplessness because I'm seeing that person so needy, so weak, I'm here to take care of him, but what I do is not enough to get him out of that situation, that depression, that’s it, it is a feeling of helplessness. (Pink Dahlia) [...] Sometimes is sadness, [...] because there is a person who has done so much for other people [...] and he/she was abandoned by his/her family, [...] his/her value is not recognized, what he/she still has to offer. (Iris) [...] I feel sad when they are sick [...] because nobody likes it, I get upset, but when it goes away, everything is fine. (Narcissus) I feel frustration when I lose an elderly [...] Because I'm here to take care of them, to provided them well-being, the best of whatever I can provide them, and not to see their end. (Pink Dahlia) [...] I feel frustrated because I'm afraid that one day I'll get the news that they died, because in the end these are the people we spend most of our time with, [...] (Narcissus) [...] When death happens we feel very sad, like when we lose a relative [...] (Sunflower) 

According to these statements, the caregiver feel helpless due to the difficulty of not being able to do more and help the elderly overcome a situation of mental suffering. He is overtaken by negative feelings. Their speeches show that, in addition
to finding helpless, due to their solidarity, they get emotionally involved. However, they are limited by circumstances and end up not knowing how to proceed in face of such reality. All changes that occur due to aging itself are burdensome both for the elderly and the caregiver. The latter needs to have patience, skills and knowledge in order to properly handle the situation. Thus, in addition to offering conditions for a healthy and safe life, it is also essential to provide the elderly with affection, fun and joy.  

The emotional frailty of the institutionalized elderly can be noticed in the statements of the respondents. This needs to be taken into consideration, because, in fact, the abandonment by relatives triggers feelings of loneliness and may lead to a depressive state. Depression is one of the most common and important psychiatric problems in elders. It is characterized as a disorder of affective or mood sphere, which has a strong functional impact at any age. It has a multifactorial nature, involves several biological, psychological and social aspects, and is often experienced as sadness, longing, anguish and dismay.

Caring goes beyond meeting basic daily needs. The statements made by the respondents reveal the frustration they feel when they realize they are unable to help the elderly in certain circumstances, especially when cure is no longer possible and the care provided is not sufficient to prevent death. Thus, we conclude that the caregivers are truly committed to caring for the institutionalized elderly. They show a profoundly humane and caring attitude, showing that they want to “be-in-the-world” and do more than just what is expected of them, based on ethical principles.

CONCLUSION

This study allows us to understand the meaning of care according to its subjectivity and sensitivity, respecting the wishes of those who are cared for. Caregivers care for the elderly with love, dedication and zeal. Care is based on mutual respect, equality, pleasure, and seeking the welfare and happiness both of the person cared for and of the caregiver.

In the caregivers’ statements we could perceive satisfaction for stopping and listening to the elderly. They are happy to learn from the experience of someone who has also cared for others in the past. Caring involves the art of recognizing feelings that go beyond the physical needs. It meant sympathetically listening to others, considering their entire as human beings, the diversity of their personal needs and their wishes to be heard.

By promoting conditions that favor the expression of affection, one offers these individuals a chance to feel supported, enlightened, informed and strengthened. This makes it possible for them to develop a better relationship with the team who cares for them. Caregivers feel that, although caring for the elderly is often a burdensome experience, it is also associated with positive aspects, giving them great satisfaction.

One of the most important results of this study was to confirm the pleasure felt by caregivers in caring for others, regardless of the relationship between caregiver and care recipient. This study shows that satisfaction with care can minimize the frustration and sadness associated with the experience of caring for others, giving them new perspectives.

The meaning attributed by caregivers to the care provided was identified as being together, providing physical comfort, well-being, affection and attention. They also make some personal contributions to the act of caregiving, indicating the attitude of the caregiver as an instrument of action in caring for the institutionalized elderly.

REFERENCES

5. Fragoso V. Humanização do cuidado a prestar ao idoso institucionalizado. Rev. IGT...


Caregivers' conception of the care provided...