THE ELDERLY AND THE FAMILY CAREGIVER: THE HOME CARE IN THE LIGHT OF IMOGENE KING

O IDOSO E O CUIDADOR FAMILIAR: O CUIDADO DOMICILIAR À LUZ DE IMOGENE KING

EL MÁS VieJO Y EL CUIDADOR FAMILIAR: LA ATENCIÓN DOMICILIARIA A LA LUZ DE IMOGENE KING

ABSTRACT

Objective: to realize the Systematization of Nursing Assistance to seniors and caregivers at their home having as a theoretical and methodological reference the Theory of Imogene King. Method: exploratory, descriptive study with a qualitative approach, whose subjects were five seniors and their caregivers. The data collection was through interviews and analysis of records. This study was approved by the Ethics Committee in Research, CAAE n. 0009.0.039.000-11. Results: were noted concepts of perception, ego, role, communication, transaction and interaction present in reality and needs of the elderly. There were noted difficulties of the caregivers about the disease and the care process and what would help to improve care. Conclusion: the preparation of a care plan based on SAE to elderly bedridden contributed to humanitarian assistance as well as enhances the role of the family caregiver. Descriptors: Nursing; Caregivers; Attention to Health.

RESUMO

Objetivo: realizar a Sistematização da Assistência de Enfermagem a idosos e cuidadores em domicilio tendo como referencial teórico-metodológico a Teoria de Imogene King. Método: estudo exploratório-descritivo com abordagem qualitativa, cujos sujeitos foram cinco idosos e seus cuidadores. A coleta de informações foi por meio de entrevistas e análise dos prontuários. Este estudo foi aprovado pelo Comitê de Ética em Pesquisa, CAAE n. 0009.0.039.000-11. Resultados: constataram-se conceitos de percepção, ego, papel, comunicação, transação e interação presentes nas necessidades e realidade do idosos. Verificaram-se dificuldades do cuidador acerca da doença e do processo de cuidar e o que contribuiria para melhorar a assistência. Conclusão: a elaboração de um plano de cuidados pautado na SAE ao idoso acamado contribuiu para a assistência humanizada, assim como potencializa o papel do cuidador familiar. Descritores: Enfermagem; Cuidadores; Atenção à Saúde.

RESUMEN

Objetivo: realizar la Sistematización de la Asistencia de Enfermería a las personas mayores y sus cuidadores en domicilio teniendo como referencia teórico-metodológica la Teoría de Imogene King. Método: estudio exploratorio-descriptivo, con abordaje cualitativo, cuyos temas eran cinco personas mayores y sus cuidadores. La recolección de datos fue a través de entrevistas y análisis de prontuarios. Este estudio fue aprobado por el Comité de Ética en Investigación, CAAE n. 0009.0.039.000-11. Resultados: se observaron conceptos de percepción, el ego, el papel, la comunicación, la transacción y la interacción presentes en las necesidades y la realidad de las personas mayores. Hubo dificultades de los cuidadores sobre la enfermedad y del proceso de cuidado y lo que contribuiría a mejorar la asistencia. Conclusion: la elaboración de un plan de cuidados basados en la SAE al más viejo acamado contribuyó a la asistencia humanizada, bien como mejora la función del cuidador familiar. Descriptores: Enfermería; Cuidadores; Atención a la Salud.

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ORIGINAL ARTICLE

THE ELDERLY AND THE FAMILY CAREGIVER: THE HOME CARE IN THE LIGHT OF IMOGENE KING

THE ELDERT AND THE FAMILY CAREGIVER...
INTRODUCTION

The aging population is gradually being more present in the world population due to scientific and technological advances evident in the health sciences, as well as the improvement in the urbanization of the cities and their sanitary and environmental conditions, thus facilitating the access to health services.

The increasing proportion of elderly in the total population is a national and global phenomenon. According to the Brazilian Institute of Geography and Statistics (IBGE), the Brazilian population, over the age of sixty, increased from 4% in 1940 to 8.6% in 2000. In 2002, it was estimated that 15 million Brazilians were over 60 years old, and demographic projections indicate that by 2020, the elderly population is expected to reach the figure of 15%. Thus, for the Brazilians there is the effects of aging, considering that occurs in a short period of time.

Faced with this configuration, Brazil will try to address the needs of the contingent that age. Then, on January 4th, 1994, is approved Law n° 8.842/1994, establishing a National Policy for the Elderly (PNI), and subsequently regulated by Decree nº 1.948/1996. The Ministerial Decree nº 1.395 announces the National Health Policy for the Elderly, the organs and entities of the Ministry of Health-related theme promoting the development or readjustment of plans, projects and activities in conformity with the guidelines and responsibilities set forth therein.

This law aims at ensuring social rights that ensure the promotion of autonomy, integration and effective participation of the elderly in the social environment, in order to exercise their citizenship, and provides a limit for the Brazilian population of 60 years old or older for a person to be considered old considering the susceptibility of the elderly to loss of functional capacity and cognitive.

Mention increased life expectancy, one can not necessarily associate aging with quality of life. The condition of longevity is associated with aging embrittlement, making the elderly vulnerable to various situations of life and health, as is increasingly striking the presence of associations of different pathologies that generate functional disabilities and instrumental in carrying out the activities of daily living. Among these reasons are diseases such as hypertension, diabetes, osteoporosis, cancer, dementia, depression, Parkinson's disease and Alzheimer's, causing impaired functional capacity of the elderly, which can lead you to a situation of disability and dependency.

It is essential that nursing professionals have adequate knowledge of the magnitude and complexity of the aging process in order to enable a systematic care, skilled and holistic in home care to the frail elderly. Thus, the use of the Nursing Care System (NCS) is a perceived need worldwide, with a view to standardizing the communication between professionals and improving the quality of care provided, enabling easy, feasible and provide more appropriate care to the client elderly bedridden at home.

The planning of nursing care refers to a plan of action designed to help provide quality care to the patient. It includes relevant nursing diagnoses, expected outcomes and nursing prescriptions. Thus, planning specialized care to the elderly bedridden requires that the nurse use the SAE.

Caring at home implies new ways of doing and knowing the nurse, as the household does not have the characteristics of a formal health institution. It is a place where humans live and make it a dispensing individualized care. This environment is permeated by various cultural aspects of significance to its residents and regulars, so riddled with subjectivity is not always understood by those who do not reside or attend that environment. These aspects, therefore, should be considered by nursing professionals to enter the residence and propose interventions.

It is aimed to realize the Systematization of Nursing Care to seniors and caregivers in their domicile having as a theoretical and methodological reference the Theory of Imogene King.

METHOD

Article compiled from the graduation dissertation << Nursing care for the elderly at home: the role of the family caregiver >> presented to the Nursing Course of the State University Vale do Acaraú/UVA. Sobral-CE, Brazil. 2011.

An exploratory, descriptive study with a qualitative approach, carried out between the months of September 2010 to May 2011. It was guided by the Conceptual Model of Open Systems Interactive and Goal Attainment Theory of Imogene King. This framework uses a conceptual model of open systems interacting and aims to offer the possibility of interaction between nurses and clients aimed at achieving the goals to restore health.
This reference considers that humans are open systems, because they interact with the environment. Individuals are called personal systems, forming groups and this training creates another kind of human experience within the interpersonal systems. Some of these groups with common interests create another kind of human experience within a community or society called social systems.11

These systems are encompassed some concepts as perception, ego, body image, growth, development, time and space, role, communication, transaction, stress, interaction, organization, authority, power, status and decision making. However, this study addressed the concepts of perception, self, role, communication, transaction and interaction, presented in the own discussion of the results.

The subjects were five elderly bedridden at home, as well as their main family caregivers, totaling ten, and residents in a neighborhood in a town in the north of the State of Ceará. There were used as inclusion criteria to be elderly restricted to bed and the existence of pathologies of base.

The collection was initially performed by a documental analysis of the elderly in the Family Health Center (CSF) covering the residence of the subjects. The interviews were conducted with three guiding questions, which were possible to collect reports of family caregivers of each older about the needs of knowledge of the same, about the completion of the process of care provided to elderly bedridden at home, as well as own perceptions of the interviewer about the lack of care of the same.

It was also held semi-structured interviews with the elderly, with the further development of a plan of care in order to provide home care based on the most qualified Care System Nursing which aimed to satisfy the needs of such care by the elderly. Nursing diagnoses identified care needs of the elderly and supported in structuring action plans.12

This study was approved by the Ethics Committee in Research (CEP) of the State University Vale do Acaraú (UVA), in Sobral/Ceará, through the Opinion paragraph 402464 and CAAE Nº 0009.0.039.000-11.

RESULTS AND DISCUSSION

With the information collected was possible to draw a plan of care that addressed the elderly and their home caregiver. This assumption, the organization of information and analysis were performed using the following categories: “The nursing care to the elderly in the light of King”, “Characterization of caregivers” and “The process of care for the elderly at home: reflections of caregivers”. It is noteworthy that the organization of information in the referred categories was guided by the theoretical and the methodological reference adopted in the study.

-The nursing care to the elderly in light of King

Initial interaction: Elderly ‘A’, 65 years old, male, stable union, retired, incomplete elementary school, no children, lives with his wife, but in four lives in Sobral, family income of a minimum wage. Wife, only caregiver, reports that it has a history of hypertension, ex-smoker and ex-alcoholic, worked in a factory of nuts in 2004 when started the disease process with lower limb edema that progressed along the years, and psychiatric disorders, why does monitoring at the Center for Psychosocial Care (CAPS). According to reports of the wife, he suffered two episodes of stroke (CVA) in consecutive years, 2009 and 2010, and since seven months is bedridden. When trying to talk to the elderly was perceived a slight mental confusion, being some questions answered with some difficulties. The elderly showed moments of sadness and joy through gestures and expressions.

Diagnosed with a condition of somatoform disorder, bruxism, hypertension, dementia, and diffuse osteopenia. No sphincter control and sanitized, lying on waterbed, deletions and normal bowel movements according to caregiver, normal sleep and rest, presence of decubitus ulcer in the sacral region, liquid diet with juices and porridge, mental confusion and speaks poorly understood. In use of Captopril, Hydrochlorothiazide, Exelon and Clonazepam.

Nursing Diagnoses: anxiety related to death, related to the anticipation of the impact of own death on others, as evidenced by reports of pain-related fear of dying; risk of aspiration related to impaired swallowing, self-care deficit related to prejudice Musculoskeletal bath, evidenced by inability to access the bathroom; self-care deficit related to hygiene state of impaired mobility, evidenced by inability to reach the toilet or chair hygienic, self-care deficit related to dressing Musculoskeletal injury, evidenced by impaired ability to place items of clothing needed, low situational self-esteem related functional impairment, as evidenced by reports of dependence upon the care of others.
and their own current value; impaired verbal communication related to weakening of the system Musculoskeletal evidenced by disorientation in time and space;

An acute confusion related to dementia evidenced by fluctuations in the level of consciousness, impaired bed mobility related to neuromuscular impairment, evidenced by impaired ability to "dodge" or reposition themselves in bed; risk of constipation related to decreased motility of the gastrointestinal tract, insufficient physical activity and mental confusion, impaired ambulation related to insufficient muscle strength, evidenced by impaired ability to travel the distances required; impaired swallowing related to reports of difficulty swallowing, evidenced by bruxism, chronic pain related to chronic physical disability, as evidenced by atrophy of the muscle group involved, impaired skin integrity related to physical restraint, impaired circulation and bony prominences, evidenced by destruction of skin layers; impaired social interaction related to limited physical mobility as evidenced by behaviors of social interaction unsuccessful; bowel incontinence related to immobility, as evidenced by inability to delay evacuation; urge incontinence related to detrusor overactivity with impaired contractility of the bladder, as evidenced by reports of involuntary loss of urine bladder contractions; risk of imbalance in body temperature evidenced by inactivity and; risk of falls evidenced by immobilization, age 65, decreased strength in the lower extremities, incontinence and impaired physical mobility.

Setting goals: relieve anxiety and low self-esteem through dialogues; guide on nutrition and how to position the elderly during this care; guide hygiene; offer medicines for pain, according to medical advice; perform massage and body position change the every two hours, using disposable diapers or cloth for easy cleaning and attending to the risk of falls through the use of guardrails on the bed.

Initial interaction: Senior B, age 72, female, married, retired Catholic with seven children, lives with her husband, a daughter and two grandchildren, family income of more than 2 minimum wages. The daughter, main caregiver reports that the mother has a history of hypertension and three years ago took three consecutive episodes of stroke, why has left hemiplegia, dysarthria, dysphagia, and not wander no sphincter control. Also notes that it was smoking for many years and has a history of heart disease in the family. Diagnosed with sequelae of ischemic stroke, congestive heart failure and hypertension. Story of four admissions, three from stroke and pneumonia.

Elderly demonstrates communicative joy to welcome visitors into your home. When asking about your illness, talk that is well cared for by their families, but wants much to have healthy, not to depend on someone. In captopril, furosemide, carvedilol and spironolactone.

Nursing Diagnoses: anxiety related to death, related to the anticipation of the impact of own death on others, as evidenced by reports of pain-related fear of dying, self-care deficit related to bath musculoskeletal injury, evidenced by inability to access the bathroom; self-care deficit related to hygiene state of impaired mobility, evidenced by inability to reach the toilet or chair hygienic, self-care deficit related to dressing musculoskeletal injury, evidenced by impaired ability to place items of clothing needed, communication impaired verbal related changes in self-esteem and self-concept and system weakening musculoskeletal evidenced by difficulty maintaining the usual pattern of communication; risk of constipation evidenced by insufficient intake of fiber, decreased motility of the gastrointestinal tract, insufficient physical activity and impaired physical mobility; impaired ambulation related to insufficient muscle strength and neuromuscular injury, evidenced by impaired ability to travel the distances required, evidenced by impaired swallowing difficulty swallowing (cough), swallowing and delayed anatomic defects acquired by sequel of stroke, bowel incontinence related to immobility, as evidenced incapacity to delay the evacuation; urge incontinence related to detrusor overactivity with impaired contractility of the bladder, as evidenced by reports of involuntary loss of urine bladder contractions; risk for impaired skin integrity evidenced by physical restraint, impaired circulation and bony prominences on the bed impaired mobility related to neuromuscular impairment and poor muscle strength, evidenced by impaired ability to "dodge" or reposition themselves in bed and; risk of falls evidenced by immobilization, age 65, decreased strength in the lower extremities, incontinence and impaired physical mobility.

Setting goals: relieve anxiety through dialogues, cleaning guide, advise on diet rich in fiber; advise on ways to feed the elderly, encouraging use of disposable diapers or cloth for easy cleaning; perform massage body and limb movements changing positions every two hours, and pay attention to the risk of falls
The elderly and the family caregiver...

The lady presents dysarthria, alternating moments of lucidity and confusion, interacts little, but reports feeling happy and have a very good family. Did not show hospitalization.

Nursing Diagnoses: self-care deficit related to bath musculoskeletal injury, evidenced by inability to access the bathroom, self-care deficit related to hygiene state of impaired mobility, evidenced by inability to reach the toilet or chair hygienic; deficit self-care to dress musculoskeletal related injury, evidenced by impaired ability to place items of clothing needed, impaired verbal communication related to weakening of the system musculoskeletal evidenced by dysarthria; risk of constipation demonstrated decreased mortality in the gastrointestinal tract, insufficient physical activity and impaired physical mobility, impaired ambulation related to muscle strength inefficient, as evidenced by tremors, impaired bed mobility related to neuromuscular impairment and poor muscle strength, evidenced by impaired ability to "dodge up" or reposition themselves in bed and; risk of falls evidenced by immobilization, age 65, decreased strength in the lower extremities, and incontinence and impaired physical mobility; provision for family coping evidenced by increased family member that acts to promote health, want to improve their care.

Setting goals: to guide cleaning to be performed; stimulate dialogue and to advise on the need to seek speech therapy by health unit, power steer, encourage body massages, body movements, and changes in position whenever possible, advise on risk of falls and encourage protection side in bed, as well as encourage the family to remain qualified to assist the elderly.

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The elderly and the family caregiver...
evacuate and stimulate a light diet, rich in fiber, stimulating massage of the lower limbs; encourage use of protective barriers such as pillows and the bed side rails to prevent falls; stimulate use disposable diapers or cloth to facilitate the time of sanitation; stimulating dialogues to relieve anxiety, feelings of helplessness and worthlessness and stimulate social interaction by centralizing the bed of the elderly in places where there is a greater movement of family members and encourage visits the other members of his family in residence.

Initial interaction: Elderly E, 73 years old, female, widowed, retired, Catholic, literate, four children, lives with two sons and a granddaughter, family income of two minimum wages. The Caregiver principal, granddaughter, grandmother reports that two years ago not wander where this disease process began with edema and joint pain, and shortening of the fingers, presenting mobility deficit. The clinical situation worsened as time goes by, interfering with ambulation elderly. It also states that the grandmother has a family history (father) of rheumatoid arthritis, a personal history of smoking and no hospitalization. Diagnosed with a condition of rheumatoid arthritis and diabetes mellitus. In use of Nimesulide, Prednisone, Folic Acid, Omeprazole, Metformin and glibenclamide.

Senior oriented, cheerful, communicative, says he likes to watch television and listen to radio. Caregiver reports that the grandmother has a normal diet, sleep patterns and sleep changes, deletions normal and frequently presents episodes of severe pain in the joints, which is why it is with low self-esteem and irritated. When asked about their satisfaction with the care provided by granddaughter, the elderly says he is being well cared for, but that feels like a problem for the family.

Nursing diagnostics: anxiety evidenced by the state of health, apprehension, grief and increased sleep disturbance, self-care deficit related to bath musculoskeletal injury, evidenced by inability to access the bathroom, self-care deficit related to hygiene state of impaired mobility evidenced by inability to reach the toilet or chair hygienic, self-care deficit related to dressing musculoskeletal injury, evidenced by impaired ability to place items of clothing required; impaired ambulation related to muscle strength and impaired neuromuscular insufficient, as evidenced by impaired ability to travel the distances required and pains, impaired bed mobility related to neuromuscular impairment and poor muscle strength, evidenced by impaired ability to “dodge” or reposition themselves in bed; risk of falls evidenced by immobilization, age 65, decreased strength in the lower extremities, incontinence and impaired physical mobility, risk of falls evidenced by immobilization, age 65, decreased strength in the lower extremities, incontinence and impaired physical mobility; risk of powerlessness and disease-related, chronic pain evidenced by physical disability and chronic health conditions.

Setting goals: stimulating dialogues with words of optimism and confidence; guide hygiene; stimulating massage of the lower limbs; advise on risk of falls and stimulate the constant surveillance of the elderly in the network and offer painkillers, according to medical prescription.

After the presentation of the plan of care for each senior, identifies the presence of personal and interpersonal systems. Thus, it was necessary to analyze this study a focus on the concepts of perception, ego, paper, communication, transaction and interaction to evidence the importance of a holistic view, according to the theoretical and methodological framework adopted.

The concept of perception was related, in the study, the moment they entered the environments of elderly persons, and from this, were perceived and known these individual needs, which resulted in the identification of a universe of feelings and problems of the most valuable meanings for nursing practice in order to contribute to a better matching of actions taken. The concept of perception is among the main concepts of the personal system, one that affects all behaviors and with which all other concepts are related. Is involved in order to identify the individual need of every human being and to uniquely determine the reality of the individual.13

Self refers to the dynamic individual, a holder of values and beliefs; it is an open system, meta-oriented, facing the world around. Corresponds to the concept that the individual is who and what he is, the understanding of which is influenced by its past, projecting into its future.14 Regarding this aspect, the study showed that by opinion about the elderly care received by the family, considering that even though they feel powerless against their health and care needs of others, were satisfied with the care provided.

The concept paper is defined as situational role that the individual develops in your space. The papers are reciprocal, which
means that the person is at a given time donor and recipient another. It is a common behavior for the meeting between two or more individuals who work on two or more social roles learned so complex and situational. In the study, it can be viewed by the changes in the development of the roles of the elderly as a result of the disease process, there was a detachment of obligations and responsibilities, thus interfering with it values before law and respect on family members the position formerly occupied.

In the context of communication, this is an exchange of thoughts and opinions among individuals. It can be verbal, if it satisfies desires recognition, participation and self-realization in direct contact between people, or non-verbal, when includes gestures, facial expressions, actions and gestures to hear and feel. Based on this concept, it was revealed in the study that there is effective communication between the primary caregiver and the elderly, since the fact that the subjects are elderly bedridden causes that are in direct contact with their caregivers, so there is a greater willingness to communicate and understanding the needs.

The terms of interaction and transaction, these are closely related. According to the theory adopted, interactions are observable behaviors between two or three people or groups in mutual presence. This interaction is very positive towards allowing a more reliable relationship between them, causing to pass a current interaction point to a transaction in which there is already a manifestation of a more stable relationship. This transaction provides the achievement of goals. Considering this, one can verify the existence of interaction and transaction between seniors and caregivers as care is undertaken to achieve goals that are aggravating disease prevention, maintenance of quality of life and well-being.

It can be seen that there are several needs of ill elderly subjects in this study. The theory of Goal Attainment Imogene King allowed a holistic approach to the elderly and the use of a theoretical-methodological Nursing was important to establish a plan of care. This demonstrates that it is appropriate and possible to apply theoretical models of nursing in the care of frail elderly, with possible implications for teaching, research and improvement of care.

Caring for elderly patients with chronic diseases creates conflict, which if not prepared properly, will bring difficulties for both the caregiver as for the individual patient.

- Characterization of the caregivers

C<sub>1</sub> is the only caregiver Elderly A, wife, 62 years old, illiterate, housewife, and polycomplained with diabetes mellitus and hypertension. Refers high level of stress and tiredness by perform household activities and caring spouse without the help of other family members. Presented quite aggressive, demonstrating tearfulness and complained of having to provide care to the husband constantly. Makes use of Captopril, Glibenclamide, Metformin and special control medications as amitriptyline and Flunarazine.

C<sub>2</sub> is the main caregiver of the elderly B, daughter, 42, completed high school, a mother of two children (17 year old girl and 8 year old boy), single, homemaker, hairdresser, healthy. Reports that is aided by his father and his children in care to the mother, but it performs the most arduous tasks, such as bathing elderly mother. No account with the help of her sisters in caring mother, considering the very difficult process of care together with other household chores and work.

C<sub>3</sub> is the main caregiver of the elderly C, daughter, 47, single, three, homemaker, elementary school, worked as a laundress in your own home, healthy. Reported receiving help in the care of his sister to the mother, but also feel overwhelmed, but demonstrates satisfaction in taking care of the elderly and desire to improve care.

C<sub>4</sub> is the main caregiver for the Elderly A daughter who lives near the home of his elderly father, married, two children, housewife, elementary education, healthy. Reported receiving help from his brother while bathing the elderly, but the other care performs alone, referring to be overloaded. Concerns have not enough time to take care of his father as you like, but try to do as much in health.

C<sub>5</sub> is the main caregiver of the elderly E and, granddaughter, 22 years old, unmarried, childless, unemployed, elementary education, healthy. Reported receiving help from his uncle some care to the elderly, but most care is provided by it, which is why you feel impatient to assist.

The literature on the profile of caregivers of elderly bedridden at home profile points to a predominance of females. The wife is usually the one that provides care, then the daughter and other family members. All caregivers are women presented in this study, being a wife, three daughters and a
In the process of caring for the elderly, caregivers report that lack sufficient information about the disease that affects the elderly, and often only know how to give the name of the disease, but do not understand their meaning and implications. One of the difficulties of carers is to understand the disease and its complications, often staying in doubt whether they are providing care correctly. The unpreparedness of the caregiver can bring serious health risks to the individual who needs this care, simply by the lack of guidance.

In interviews, the caregivers reported that they do not see many difficulties in performing the care of the elderly, and the main difficulties: the financial conditions, the fact carry out care activities for the elderly without help from other family members; daily stress due to other assignments and conflicts among relatives internally generated by the situation of dependence on care of the elderly. Some stressors mentioned by family caregivers were direct and continuous care and the need for constant vigilance, lack of division of labor and non-recognition of the same by other family members, and the deprivation of some leisure activities and work.

Individuals who live with people who need constant care can demonstrate the most diverse feelings that permeate this process, from fatigue, stress, exhaustion, but also well-being, affection and tenderness. The caregiver shall be restricted to their own activities to assist the activities of the elderly.

Caregivers when they report their difficulties are not limited to specific activities of care, as there is much subjectivity in the answers that relate to the family dynamics and their feelings. Perform the task of caring for an elderly individual with chronic illness by itself is already a stressful activity. When this is taken only for a family, this activity becomes even more stressful, causing frustration and social losses. The difficulty of care is not only in the tasks itself, but also the dedication required to meet the needs of others at the expense of their own needs.

When asked about what they needed to improve the quality of care were cited by caregivers, unanimously, the desire to possess better financial conditions to hire a caregiver and transfer them to the primary care elderly bedridden.

For family caregivers of the study, the financial resources available are insufficient for the acquisition of materials necessary for the realization of care, such as probes, diapers, medicines and food necessary to the process of home care. The family has to define strategies to adapt activities to the physical care at home, since they do not have financial resources to carry out reforms in the home environment.

The cost of care is much higher than the sum of the hours devoted to the completion of certain care tasks. One of the most common is the temporary or permanent abandonment of paid work and even the refusal of a job. The caregiver is required to be always learn new ways to handle the everyday coping to adapt care to prolong the aging of family members who are dependent on assistance. It also focuses on public education and training of health professionals and caregivers are needed to raise awareness of the health status of the elderly and how to manage carefully.

**CONCLUSION**

The aim of this study was to develop a plan of nursing care with the elderly bedridden and their main caregivers for further implementation and execution of activities planned by family caregivers, according to the real needs of the elderly. Thus, it contributes to planning a more humane system to integrate the personal and the interpersonal system, allowing the participation not only of the patient but also their family caregiver, from the perspective of the theoretical approach.

The experiences during home visits to the elderly made possible knowledge and reflections about the reality of frail elderly person in bed, as well as their family caregivers, given that care for elderly bedridden is a delicate task and requires assisted living. Accordingly, the nursing process is a key strategy for implementing the assistance of a humanized care.

The assistance provided by family caregivers to elderly bedridden requires dedication, vigilance, mood, love and selflessness of some activities and habits.
which is why this type of care tends to alter the feelings of caregivers and cause them harm. The main difficulties encountered by caregivers refer to financial; little time spent to care; need help from other family members and health professionals. In an attempt to optimize the care provided, the proposed mapping supported in care for the elderly Care System Nursing was held and it is believed that provided an improvement in quality of life and well-being.

It is considered that the use of King’s theory allowed to collect and to identify relevant data for nursing care, as promoted a holistic approach to the patient, and then the relevant application of this theory in line with the SAE in most studies that address the elderly care.

REFERENCES


