INTegrative review article

Planning the self-care for elderly caregivers: integrative review

O planejamento do autocuidado para o cuidador de idosos: revisão integrativa

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Abstract

Objective: To identify the self-care plan for the elderly caregiver in scientific articles and discuss self-care strategies developed for elderly caregivers. Method: An integrative review to answer the question << What planning and self-care strategies are being developed for elderly caregivers >> through literature in the databases LILACS, MEDLINE, and IBECs? For discussion, articles in Portuguese, English and Spanish published between 2010 and 2013 were selected. Results: 19 articles were selected for reading, record, and discussion. Conclusion: Gerontologist must work on prevention and health promotion to caregivers, and promote awareness of public, private managers and society to overloads coming from care, performing well-structured approaches focused on the axis of the problems identified through patient’s profile. Descriptors: Geriatric Nursing; Aging; Elderly; Health Care.

Resumo

Objetivo: Identificar o planejamento do autocuidado para o cuidador de idosos em artigos científicos e discutir as estratégias de autocuidado desenvolvido para cuidadores de idosos. Método: revisão integrativa, com vistas a responder à questão << Quais planejamentos e estratégias de autocuidado estão sendo desenvolvidas para cuidadores de idosos?>> mediante levantamento bibliográfico nas bases de dados LILACS, IBECs e MEDLINE. Para discussão foram selecionados artigos em português, inglês e espanhol publicados entre 2010 e 2013. Resultados: foram selecionados 19 artigos para leitura, fichamento e discussão. Conclusão: o gerontólogo deve atuar na prevenção e promoção da saúde dos cuidadores, além de promover a conscientização de gestores públicos, privados e sociedade para as sobrecargas oriundas do cuidar, realizando abordagens bem estruturadas focadas no eixo dos problemas identificados por intermédio de inventário traçado conforme perfil da clientela. Descriptors: Enfermagem Geriátrica; Envelhecimento; Idoso; Atenção à Saúde.

RESUMEN

Objetivo: identificar el planeamiento del auto-cuidado para el cuidador de ancianos en artículos científicos y discutir las estrategias de auto-cuidado desarrolladas para cuidadores de ancianos. Método: revisión integradora, para responder la pregunta << Cuáles planeamientos y estrategias de auto-cuidado están siendo desarrolladas para cuidadores de ancianos?>> mediante levantamiento bibliográfico en las bases de datos LILACS, IBECs y MEDLINE. Para discusión fueron seleccionados artículos en portugués, inglés y español publicados entre 2010 y 2013. Resultados: fueron seleccionados 19 artículos para lectura, informe y discusión. Conclusión: el gerontólogo debe actuar en la prevención y promoción de la salud de los cuidadores, además de promover la conocimiento de gestores públicos, privados y sociedad para las sobrecargas del cuidar, realizando enfoque bien estructurado en los problemas identificados por intermedio de inventario conforme perfil del paciente. Descriptores: Enfermería Geriátrica; Envejecimiento; Anciano; Atención a la Salud.

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INTRODUCTION

Brazilian demography undergoes transition shown by changes in the population pyramid, evidenced by the decrease in the number of children due to the decrease in fertility rate. However, due to increased life expectancy, there is an increase in the elderly population.

According to the new forecast of the population for the period 2000/2060, there will be an increase in the elderly population aged 60 or older from 13.8% in 2020 to 33.7% in 2060, representing an increase of 20 percentage. Thus, the group of elderly of 60 years old or older will be greater than the group of children under 14 years old after 2030 and by 2055, the elderly in the total population will be greater than the children and young people up to 29 years old.

The growth of the elderly population brings an increase in non-communicable chronic degenerative diseases, which may result in decrease or loss of cognition, or some function, making this elderly need assistance to perform the activities of daily living. When having this weakness, the elderly need a helper, appearing the figure of the caregiver in this scenario.

The caregiver is classified according to the following classifications and characteristics: formal caregiver when receiving remuneration; informal caregiver when is unpaid; main or primary caregiver, who is always with the elderly, being responsible for carrying out almost all tasks and the caregiver called as secondary, who is with the elderly sporadically.

The National Policy for the Elderly Health (PNSI) of the Ministry of Health 2006, through Decree 2528 encourages the care of the elderly at home and recognizes the family caregiver as a partner of the care team.

According to PNSI, the family caregiver promotes a more effective care, also showing the need to design programs to provide information support to these caregivers through primary care, the Family Health Strategy (ESF), which is an effective challenge to our health care system.

In this study, we will consider the informal caregivers, who are usually family members, female, daughters or elderly spouses, who often are of advanced age, and have no technical skills to perform this function, but they need to fulfill it, yet without preparation or planning.

The emergence of a dependent elderly brings instability for the family until a family member assumes the caregiver role. This moment is marked by different feelings, which can be positive or negative, and are related to the experience of each. The positive feelings are related to the consideration of its human being in the family. However, negative feelings are reinforced by the imposition of the caring role that is an exhausting activity.

Wear is caused by overloads in the care process generated in the caregivers, causing stressors due to: the intense and continuous care; family conflicts; financial problems due to full dedication to the elderly, as many families give up the job to be involved in "caring" and deficit in the quality of life and self-care.

By the above, the following objectives were set for this study:

- To identify self-care planning for the caregiver of the elderly in scientific articles.
- To discuss the self-care strategies developed for elderly caregivers.

MÉTODO

To achieve these proposed objectives, we chose the integrative review, considering that this method allows the incorporation of evidence into clinical practice through the meeting and summarizes the results of research on a particular topic or issue in a systematic and orderly manner to answer the research question << What planning and self-care strategies are being developed for elderly caregivers? >>

In this study, the following steps were followed: determining the specific goal or challenge, establishment of inclusion and exclusion criteria, categorization of studies and evaluation of the included studies.

According to the technical/instrument procedure, the type of study used was the literature survey, or literature research, covering all scientific production developed around the subject of study to the present day.

There was the literature of scientific articles published in databases: Latin American and Caribbean Health Sciences (LILACS), Bibliographical Index Spanish Health Sciences (IBECS) and International Health Sciences Literature (MEDLINE) from September 2013 to May 2014 using the keywords in English: “Elderly”, “Caregiver”; “Nursing” and their counterparts in Portuguese and Spanish.

There were national and international studies as inclusion criteria adopted, within the period 2010-2014 and the permanence of descriptors “elderly”, “caregiver” and “nursing”, with the effective participation of
nursing as the author and descriptor. Exclusion criteria were articles whose publication dates were out of this time frame and that the content does not allow the discussion of the objectives proposed in the study.

**RESULTS**

When performing the selection of references, there were 150 studies found, distributed as follows: 126 in Latin Literature - American and Caribbean Health Sciences (LILACS), 07 in the Bibliographical Index Spanish Health Sciences (IBECS) and 17 International Literature Science Health (MEDLINE).

After application of the inclusion and exclusion criteria, 131 (87.5%) productions were eliminated using 19 (12.5%) articles/dissertation/thesis in this study.

For analysis of the references, the obtained content was organized as the language, year, database, authors’ title, objectives, methodology, methodological approach, factors related to diseases of caregivers and suggested strategies for achieving the caregiver’s self-care.

Of the 19 selected productions, 3 (16%) were in English, 2 (10%) in Spanish and 14 (74%) in Portuguese.

As for the year of publication, 4 (21%) were published in 2010, five (26%) in 2011, six (32%) in 2012, four (21%) in 2013 and 2014 until the month of May that corresponds to the literature found. There were not publications with that theme in the surveyed databases.

Regarding the database, all 19 publications (100%) selected are indexed in LILACS database.

The titration of the authors found that 13 (39%) are doctors, 5 (15%) have master’s degree, 1 (3%) is expert in Gerontology, 6 (18%) are graduates in nursing and 8 (25%) are graduates in another area of knowledge except nursing.

By analyzing the objectives proposed by the selected studies, there were 8 described topics: 4 (22%) reported on caregiver burden; 1 (5%) psychological stress and its adaptations; 2 (10%) instruments use; 3 (16%) of the elderly demented changes in caregiver everyday; 3 (16%) addressing educational programs; 1 (5%) focuses on group support; 4 (21%) discussing the family life of the caregiver and elderly and 1 (5%) pointing to the theory of self-care.

On the type of methodology used by the authors: Systematic review with 1 production (5%); cross-sectional study with 5 productions (27%); Synthesis translations adaptation with 2 (11%); experimental study with 1 article (5%); Case Study with 1 (5%); descriptive study of diagnostic and evaluative with 3 articles (15%); Integrative/literature review in 2 articles (11%); case study in 1 article (5%); article about the scientific meeting gerontological nursing (5%); 2 articles (11%) who deal on field study with a qualitative approach.

The methodological approach 2 articles (10%) were categorized as quality; 10 articles (53%) as quantitative and others are focused on reviews with 7 articles (37%) (systematic literature, integrative, scientific report and case study).

On the factors related to caregiver’s illness, 10 articles (52%) deal with the overload that the caregiver has the care demands. Another highlighted the stress of the caregiver in the daily living with 2 articles (11%) as well as the caregiver unpreparedness regarding the elderly disease in three articles (16%).

Still on the factors related to caregiver’s illness, the lack of support and support to the caregiver was highlighted in 1 article (5%) and the lack of professional health care regarding the difficulties passed by caregivers and family members in the care of daily life were in 3 articles (16%).

The strategies suggested by the authors include the creation of an education and support program for reducing the burden on caregivers who were mentioned in 4 articles (22%). There were also featured in stress reduction measures in 02 articles (11%) as well as educational interventions of nursing, multidisciplinary team with the help of public policy for elderly, caregivers and family members in 10 articles (53%).

Still on the strategies suggested by the authors, the planning and implementation of nursing actions that guide caregivers regarding the performance of inherent care activities to minimize the burden experienced by them was highlighted in 01 article (5%). Also, there is the use of tools for analysis and evaluation of the overloads for the purpose of developing care strategies to ease the daily caregiver’s care in one article (5%).

It was also found in the strategies suggested by the authors, the importance of the association of scientific and popular knowledge to support users in care therapy shown in 01 article (5%). This fact favors the exchange of knowledge between the caregiver and the nursing professional.
DISCUSSION

In the selected references that allowed the discussion of the objectives proposed by the study, there was a high prevalence of burdens among the investigated caregivers (84.6%) and socio-demographic characteristics of the elderly show that the prevalence is 55.8% female, age 80 or more years old, mean age of 79.75 years old, in the marital status among men, married prevailed with 65.2% and among women, widows was the higher index with 55.2%.¹¹

Regarding the caregivers, it was found that 50% were children, 26.9% were spouses and regarding gender, 96.2% were women, and only 3.8% were men. It should be considered that the average age of caregivers was 52.62 years old, which could explain the high prevalence of overloads evidenced in the study.¹¹

Thus, the involvement of society and state actors in the implementation of public policies and actions towards the establishment of formal and emotional supports for these people is important.¹¹ It is also shown that the higher the degree of the largest elderly fragility, the higher will be the level of functional dependence, which raises the level of caregiver burden, the lack of preparation for the role, and causing health problems.¹²

Thus, it is essential the presence of nurses performing nursing consultations and home visits to meet the problems of health and social family to develop care plans in conjunction with their members.¹²

Nurses should develop health education and promotion strategies of care geared to the elderly, families and caregivers, guided by the social reality through the implementation of self-help groups with strategies to reduce overhead and stimulating the family caregiver.¹³ It is necessary also that support groups are developed to equip caregivers and provide emotional support.¹⁴

Health professionals should be trained to recognize/understand the difficulties passed by caregivers and family members to understand the daily life experienced by them, revealing the need to increase the modalities of support groups and home care programs as well as services for information, guiding, directing and enabling other health professionals.¹⁵

It is also stand out the lack of health-related policies programs that meet the needs and meet the care demands on the heterogeneity of this aging population and the complexity involved in the process of care and the person being cared.¹⁶

Education and support programs for the elderly caregivers have statistically significant effects on variables: caregiver burden, and family functioning. The positive effect on these variables is directly related to an environment where there is trust, interaction with the values and beliefs of the participants.²² A playful environment adapted to their worldview favors the construction of networks of affection and empathy among caregivers. Thus, nursing professionals should be aware of their role in promoting of self-knowledge capabilities and caregivers and efforts evaluation.¹⁷

interdisciplinary education programs and support for caregivers can help reduce the workload and thus provide better quality of life,¹⁶ but to improve the quality of life and functional status of the elderly and the caregiver, it is important that intervention and advice by nurses and other health professionals, emphasizing that these interventions not only serve to equip family members as caregivers but look at them as people who need care.¹¹

It is also pointed up the need to apply to continuing education through cure and educational technology family care to be still emerging paradigm of attention focused on the family, which must be learned and practiced.¹⁹

It is noteworthy that the use of instruments for analysis and evaluation of the overloads are used by health professionals to identify those from overloads care for elderly people with chronic diseases and from there develop care strategies to mitigate the damages caused during caregiver’s daily life.⁷

Given this high overloads, it becomes imminent the stress that also constitutes a predictor of morbidity for the caregiver of the elderly and about a single family caregiver becomes extremely tiring and stressful. As an example we can mention the chronic degenerative diseases like Alzheimer’s, dementia and other, which requires the caregivers a break from their way of life, making them feel like a stranger in their world, a situation which they have not chosen. This modification brings the family caregiver an agonizing state and fragility, as they watch the collapse of their daily lives.¹³

Like other trigger stress factors from the act of caring, it is thought that this individual may be linked to the unpreparedness of the caregiver who does not know the disease of the elderly, is not fit for this role and
therefore, it is necessary to instrument him by
being highlighted numerous situations of
dependency chronically assumed by families. 14

People affected by the degenerative and progressive
disease are cared by informal caregivers, whether family members or not,
to perform the tasks assigned to them, in
most cases, without proper guidance, with
ineffective support from the health system.
This is still a challenge for gerontological
nursing about comprehensive care to family
caregivers given its complexity, especially
when the gerontological care is driven by an
expanded concept of health/disease process,
to improving their lives. 14

Based on these, it is necessary to provide
this support and caregiver support, enabling
him to maintain his autonomy, identity, and
dignity. However, family caregivers play this
role without necessary support to ensure their
quality of life, which may compromise your
health and even endanger the health of the
elderly. 15

It is seen then that the search for solutions
for maintenance or recovery of caregiver
quality of life should be linked to measures to
reduce stress and needs to be a systematic
evaluation, aiming to prevent and detect
early fatigue of people who care. They should
also be encouraged and stimulated self-help
groups for these people. 20

Thus, it arises the need to implement
interdisciplinary programs of education and
support for caregivers as these strategies can
help reduce the burden of these individuals. 21

The commitment of gerontological nursing
staff is needed for this new confrontation.
About watching not only the elderly but also
their families and caregivers to reduce
glimpsing this clientele the overhead, will
require enhanced planning. 7

Health professionals involved in care for
the elderly should emphasize the importance
of health information systems and surveys on
a population basis in search of a health model
as closely as possible the needs brought by
this population by family and society in
general. 20

As an example of communication and
listening clarified, the study 27 infers that the
pre-existing family unity to dependency
generator event is an important predictor of
positive changes in the family, as well as
maintaining harmony and balance. Union ties
are strengthened, contributing so that there is
support among members.

However, it should be the focus as a
predictor of negative changes caregivers of
elderly people living in poverty contexts and
these highly vulnerable to stressors getting
both more exposed to health problems. 23 In
addition to scientific knowledge, use tools,
and professional training, the use of popular
knowledge, know the reality of family
caregivers or informal caregiver, facilitated
the adherence of the formal caregiver support
offered. 17,22,23

CONCLUSION

The care of the elderly generates overloads
to the caregiver as pointed out in this study.
These overloads associated with lack of time
to perform self-care takes this individual to
have a decrease in their quality of life, which
may result in their illness.

Based on these and to avoid injuries in the
health of the caregivers, because of the
burdens imposed by the care, it is necessary
that the health team, especially gerontologist
nurse, assume responsibility concerning
educational activities implementations aimed
instrumentalize all actors involved in elderly
care.

Interdisciplinary work must exist to create
interventions to avoid the negative effects
that the accumulation of overloads can bring
to the life of the caregiver, so the nursing
staff, other health professionals and managers
of public and private services have faced a
major challenge which is to provide the
informal caregiver specialized support that is
accessible to the population in general, so
that the caregiver can exercise self-care,
without being a discontinuity of care provided
to the elderly.

It is up to the nurse specialist in
gerontology provide subsidies for the
implementation of formal support, providing
tools for caregivers and making them aware
that aging is a continuous process, and self-
care should be part of all the follow-up of life,
that is, maintenance of biological health,
psychological, social, cultural, spiritual and
financial caregiver positively affects the
health of those who by this is taken care of,
“the elderly” . Thus, the gerontologist should
act in the prevention and comprehensive
health promotion of the elderly, caregivers
and family members. Considering overloads
arising from care are feasible and must be
minimized through a well-structured
approach, focused on the axis of the problems
identified by an inventory drawn according to
the customer profile.

From the findings presented in this study,
we hope to contribute to nursing and
multidisciplinary team to construct a plan of
self-care, reduction of overloads which
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