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ORIGINAL ARTICLE

TRAINING OF INSTITUTIONALIZED ELDERLY CAREGIVERS

FORMAÇÃO DE CUIDADORES DE IDOSOS INSTITUCIONALIZADOS

FORMACIÓN DE CUIDADORES DE ANCIANOS INSTITUCIONALIZADOS

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ABSTRACT

Objective: to analyze the training of institutionalized elderly caregivers. **Method:** this is a qualitative, descriptive and cross-sectional study. It was carried out with ten caregivers of long-term institution (LTI), using a semi-structured instrument. The collected data were submitted to Speech Analysis. **Results:** it is recorded that the female carers, married, with a mean age of 42 years, predominated, and that the average period of performance in the area was 7.1 years. It is known that 90% had training in elderly caregivers and listed, as difficulties, putting diapers, bathing, communication and strategies to interact with the stubbornness of the elderly, as well as the demands of the elderly and the overload of weight and of work. **Conclusion:** it was concluded that there is a need to qualify well and update the training of the professional caregiver so that they can perform their praxis with safety, effectiveness, efficiency and patient-centered care. **Descriptors:** Elderly Health; Caregiver; Quality of life; Primary Health Care; Education; Teaching.

RESUMO

Objetivo: analisar a formação dos cuidadores de idosos institucionalizados. **Método:** trata-se de um estudo qualitativo, descritivo e transversal. Realizou-se com dez cuidadores de instituição de longa permanência (ILP), utilizando-se um instrumento semiestruturado. Submeteram-se os dados coletados à Análise de Discurso. **Resultados:** registra-se que predominaram as cuidadoras do gênero feminino, casadas, com idade média de 42 anos, e que o período médio de atuação na área foi de 7,1 anos. Sabe-se que 90% tinham formação em cuidador de idoso e elencaram, como dificuldades, colocar a fralda, dar banho, a comunicação e as estratégias para interagir com a teimosia dos idosos, bem como as demandas dos idosos e a sobrecarga de peso e de trabalho. **Conclusão:** concluiu-se que há a necessidade de se qualificar bem e atualizar a formação do cuidador profissional para que este possa executar a sua prática com segurança, efetividade, eficiência e atenção centrada no paciente. **Descritores:** Saúde do Idoso; Cuidador; Qualidade de Vida; Atenção Primária à Saúde; Educação; Ensino.

RESUMEN

Objetivo: analizar la formación de los cuidadores de ancianos institucionalizados. **Método:** se trata de un estudio cualitativo, descriptivo y transversal. Se realizó con diez cuidadores de institución de larga permanencia (ILP), utilizando un instrumento semiestructurado. Se sometieron los datos recogidos al Análisis de Discurso. **Resultados:** se registra que predominaron las cuidadoras del género femenino, casadas, con edad promedio de 42 años, y que el período promedio de actuación en el área fue de 7,1 años. Se sabe que el 90% tenía formación en cuidador de anciano y enumeró, como dificultades, colocar el pañal, bañar, la comunicación y las estrategias para interactuar con la terquedad de los ancianos, así como las demandas de los ancianos y la sobrecarga de peso y de trabajo. **Conclusión:** se concluyó que hay la necesidad de calificar bien y actualizar la formación del cuidador profesional para que éste pueda ejecutar su praxis con seguridad, efectividad, eficiencia y atención centrada en el paciente. **Descriptores:** Salud del Anciano; Cuidadores; Calidad de Vida; Atención Primaria de Salud; Educación; Enseñanza.

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INTRODUCTION

It is based on the classification of the elderly population in the development of the country of origin. Older people in developed countries are those aged 65 or over, while in developing countries the fixed limit is 60 years, which is the case in Brazil. It should be emphasized that even the chronological definition is useful to delimit those who may be called elderly, this criterion is not consensual. It is argued that the definitions regarding the elderly and the aging process vary according to the history, place and time at which they are born.¹

It is pointed out that Brazil is currently experiencing a moment of demographic transition, mainly due to the progressive increase of the elderly population. Due to these changes in the demographic and epidemiological profile of the Brazilian population, there has been an increase in chronic-degenerative diseases, which may eventually compromise the autonomy of the elderly, requiring permanent care by the family.²

It is imperative that the elderly know how to live with their limitations, which can be relaxed according to their lifestyle. It is necessary, however, to reach this stage of life with health and disposition and to be an autonomous individual, not only the individual care, but also the attention of society in relation to the elderly. It is understood that the elderly seek the quality of life, and society must offer him the conditions to achieve this goal.³

In this context, the caregiver is the person who provides care for the temporary or permanent functional incapacity of a person. It is stated that, according to the link, caregivers can be formal or informal.² Formal caregivers are defined as all professionals and institutions that perform care in the form of service provision.⁴ It is known that the emergence of this modality is a recent fact in Brazil, whose function is consolidated by the Ministry of Labor and Employment, through the recognition and insertion in the Brazilian Classification of Occupations, under code 5.162-10 (caregiver of dependent or is not caregiver of institutionalized elderly). In spite of the growth of this professional category, there are few initiatives in the field of formal education that contribute to its consolidation. It should be noted that there are no defined criteria or prerequisites established to regulate the training of these professionals. Among informal caregivers, friends, neighbors and members of the Church are among the

informal caregivers, the family being the first and most constant health unit for the elderly, in which the care provided involves actions to promote health, prevention and treatment of diseases, including rehabilitation.⁵

It is believed that the ideal caregiver is one with knowledge in several areas of health, and can be compatible with the diversity of aspects brought about by the natural aging process. In this perspective, the caregiver who shares his/her technical knowledge with other professionals is also valued, which contributes to the improvement of the work in multidisciplinary teams, being one of the members of the team of health professionals.⁵

In view of the progress of the illnesses and the demands for more complex and constant care, the necessity and the appointment of a formal caregiver with professional and technical qualification are punctuated; despite this, the presence of a qualified professional for this position is not a frequent reality. This is a challenging situation for the health area, since, as the elderly population grows older, it becomes more dependent, even, for the execution of everyday activities.⁶

It is observed that the care of the human being in the various stages of life constitutes an object of work in the area of health, especially Nursing. Thus, the nursing professional plays an important role in the health of the elderly and the instrumentalization of the caregivers who work in LTIs, aiming at the qualification of care provided to the elderly individual.⁷

It is pointed out, as far as the health of the elderly is concerned, that the work carried out in the LTIs comes from a multiprofessional team where there are interpersonal relations, communication and the establishment of a joint effort, with the purpose of a quality assistance.⁸ It is essential, therefore, that the active professionals of these institutions understand the relevance of these communicative factors that directly influence the quality of care provided to the elderly.⁹

LTIs are understood to be establishments that accommodate people who are 60 years of age or older, dependent or not, who do not have the conditions to stay with the family and/or at home. It is understood that such institutions seek to provide these people with integral care, through activities carried out by a caregiver. These were formerly called asylum institutions; later, shelter and, currently, LTI's.⁷

Thus, it is believed that the integral promotion of health and support to family

caregivers represent new challenges for the Brazilian health system. This study was developed based on the need to know and characterize the training of caregivers of institutionalized elderly, since it is necessary that they have the technical and scientific knowledge to provide qualified assistance to this population.

OBJECTIVE

- To analyze the training of institutionalized elderly caregivers.

MÉTODO

This is a qualitative study, carried out in the city of Caxias, Maranhão, with ten caregivers of elderly people from an LTI. The interviews were guided by a semistructured instrument with questions that dealt with socioeconomic variables (gender, marital status, age, color/ethnicity, income, schooling) and professional training (specific course of caregiver, difficulties encountered during the performance and the accomplishment of these capacities).¹⁰⁻¹

Data was collected from September to December 2017, with inclusion criteria being the contractual relationship and the experience of at least one year in caring for the elderly and, as an exclusion, caregivers who were on vacation or license.

The Discourse Analysis was applied, in which the categorization, the description and the detailed interpretation of all the content were carried out. For this task, a comprehensive reading of the speeches was necessary, and a.

The research project was approved by the Committee and Research of the State University of Maranhão (UEMA) with the opinion number 2,325,235. It is recorded that all the participants signed the Free and Informed Consent Term (FICT).

RESULTS

It was revealed that most caregivers were female (90%), married (44.4%), aged 25-36 years and 47-58 (66.6%) and monthly income of one to two wages (n = 4, 44.4%).

It is pointed out, in relation to the schooling of the caregivers, that 30% had the complete High School; 30%, Higher Education and 30%, a technical course.

The dimensions involving the aspects of professional training to Discourse Analysis were submitted, and the content was organized and exposed in four categories: 1) Impression that the caregivers possess about their profession; 2) Carers' perceptions of

their training; 3) Reasons that led to enter the profession; 4) Main difficulties in caring for the elderly.

♦ Category 1: Impression that caregivers have about their profession

It is a profession that does not have much difficulty, it is a little invested area in the region, mainly in Caxias, and it is a profession that requires that the person likes the area to be able to act, because it is necessary a lot of love. (C8)

It is a profession that I entered at first out of necessity, and I fell in love, and, like every profession, has its difficulties and one of them is that it is not valued and does not have investment in the area of Caxias. (C2)

It is an area that has a lot of human contact, which has a lot of work, which needs more investment in the region, because even in training there are few. (C9)

It is recognized by the professionals that it is a profession that is not very valued in the region of study and that there is a need to have affinity with the area to be able to perform a good assistance, as well as, they admit, for good assistance, the main aspect is empathy for your client. There is a need to create bonds, since the relationship between caregiver and the elderly is paramount for their care.

♦ Category 2: Caregivers' perceptions of their training

I received the training, but it was so long ago that I can not even remember the year. (C5)

Yes, I received training, except it was more than ten years ago, and after that I did not do any more, it was a quick training and it was only lectures. (C3)

I had training in São Luís, I do not remember the year, it was a lecture. (C9)

The training I had was in Caxias, which lasted three months and had few practical classes. (C4)

It is emphasized that 90% of the caregivers have a specific caregiver course for the elderly, a complementary training, or a training that was provided by the city hall in partnership with the Social Service of Commerce (Sesc), being qualified for such a profession. It is believed, however, that there is a need for more satisfactory courses and training.

Participants were informed that they entered this area taking care of relatives and acquaintances without any previous knowledge of techniques or courses of the sector, thus, all their beginning of care occurred in an empirical way; with time, sought specialized courses, with theoretical

courses that did not contemplate the practice.

♦ Category 3: Reasons that led to the profession

It was a matter of relative, my grandfather, I chose the area to be able to help take care of my grandfather and, also, to take care of my mother, who was sick, and for these reasons, I entered the area. (C2)

I went in because of my father who, at the time, needed care, and because I cared for him, I fell in love with the area and went deep into it and, for taking care of mine, I got a little experience. (C7)

I went in first, washing clothes, and in time, I went upstairs and after the course, and began to work as a caretaker. And I can not see myself anymore, for they are to me a family. (C4)

What got me into the profession was because I like old people. (C6)

It was because I liked the area and when I had the chance, I wrote for the vacancy and I identified myself. (C3)

It was because of job search, the issue of being close to the elderly population was something that I did not expect, but I work with the area, I like to take care of and give assistance. (C1)

For liking the area, and especially for loving the elderly, I love them, I am very attached to them. (C8)

It is generally demonstrated that the personal motives of the caregivers were decisive in the choice of profession, because they liked the area or because they had the knowledge, initially, empirically, of previous experiences in caring for relatives.

Category 4: Main difficulties in caring for the elderly

Mainly, technique, how to put diaper and special care, such as showering in wheelchairs and putting the diaper on them. (C8)

The difficulty is with the schedules. (C5)

My main difficulty is to deal with stubbornness, have to be very patient and be careful with medicines that are many and sometimes they spit when you turn the coast. (C6)

I have no difficulties, in time, I got used to the routine. (C1)

Too much demand for few employees. (C10)

My main difficulty is the weight of the elderly. (C4)

It should be emphasized that, when asked about the difficulties encountered in the practice of the profession, the caregivers cited: the large number of demands for a small number of employees; the weight of the elderly; the schedule and the lack of knowledge about the techniques necessary to

practice such a profession, such as putting geriatric diapers, bathing and communicating with those who have some type of disability.

DISCUSSION

It is noted that the formal caregiver is a person qualified to assist the elderly with temporary or permanent limitations, to carry out the activities of their daily lives, aiming at creating a link between the elderly and the caregiver, in order to guarantee quality assistance. It is observed that the formal caregiver must undergo a specific training, given by competent and competent institutions, and thus provided with knowledge to provide services to the elderly person. It is required, therefore, that this professional has the qualities necessary for his / her performance, in order to improve the quality of life of their client.¹²

It is defined, in accordance with these arguments, that an elderly caregiver should have a posture that responds to the needs of his client, whether cultural or from professional teaching models. It is pointed out that the characteristics of an elderly caregiver go beyond the formal, cultural and political issues that regulate their functions, since they require the formation of a critical and reflexive profile, based on the need for changes and the qualification of care.¹³

It is required that the formal caregiver present qualities and abilities to perform their practice, such as: technical skills, including theoretical and practical knowledge, acquired through the guidance of professionals in the field and knowledge obtained from specialized courses given by specific institutions and regulated in accordance with the laws; ethical and moral qualities - primordial attributes in order to allow the creation of affinities / empathy between the caregiver and the elderly, and relationships of trust and respect that allow them to assume responsibilities; Emotional qualities - the caregiver must possess mastery and emotional balance, the ability to relate, the ability to understand the difficult moments the elderly person has passed through, and also the tolerance of moments of frustration and physical and intellectual qualities - physical health, strength and energy, essential conditions at times when there is a need to carry the elderly or give them support to dress and take care of personal hygiene. It is assessed that the caregiver needs to be able to assess/analyze the situation and administer actions involving decision making.¹²

The fundamental points in the activities of a caregiver are listed: the emotional support

in the social coexistence of the elderly; assisting in personal hygiene routines; preventive care, mainly health care; the administration of medicines and the protection of mobility.¹⁴

It should be noted, however, that knowing how to administer medications, bathing and feeding at the right times does not make the person an ideal professional to care for the elderly. It is perceived that the lack of training, technical-scientific knowledge and practice of the professional that provides care to the elderly generates insecurity, irritation and disorganization, leading to a state of professional indecision during decision making in necessary moments. Therefore, it is essential to be able to identify and train the skills and qualities necessary for the occupation, when training the caregivers.¹⁵

It is stated that the data collected in the LTI of the city of Caxias (MA) are in accordance with the historical and cultural tradition, in which the formal caregiver role of institutionalized elderly is predominantly performed by women, since the act of caring was - and is still - attributed to the woman. It is recorded in the literature that this is due to the culturally played role of caring for the family, the house, the children and relatives,¹⁶ legitimizing the characterization of the woman as a natural caregiver. Thus, among the predominance of women, the need for more male caregivers is facilitated in order to facilitate the daily activities of elderly care, especially those that require greater physical effort. It is also pointed out that the presence of male caregivers may facilitate empathy with the elderly, providing a closer relationship between the caregiver and the elderly.

In the aspects of vocational training, there is a need to update the training of caregivers. The lack of a new training, as presented by the LTI caregivers, whose training was only theoretical and of relatively short duration, required a longer and more extensive training, addressing specific points of techniques and approach of professionals. It is reinforced that the training and the stimulus coming from public policies have also been object of other studies that discuss how these aspects leverage collective health, whether it be the elderly or not.¹⁷⁻²⁰

CONCLUSION

It is concluded that there is a need to update the qualification of professional caregiver training so that the caregiver can perform his / her praxis with safety/guarantee (no damage due to health

care provided), effectiveness (providing his services based on scientific knowledge), efficacy (prudence in handling supplies and providing their services in the right way to the health of the elderly) and patient-centered attention (respect/compliance with individual preferences, needs and values of the elderly).

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REFERENCES

1. Sampaio AMO, Rodrigues FN, Pereira VG, Rodrigues SM, Dias CA. Senior caretakers: perception about aging and its influence on the nursing act. *Estud Pesqui psicol* [Internet]. 2011 [cited 2018 12 Jan];11(2):590-613. Available from: <http://pepsic.bvsalud.org/pdf/epp/v11n2/v11n2a15.pdf>
2. Nascimento LC, Moraes ER, Silva JC, Veloso LC, Vale ARMC. Elderly caregiver: the knowledge available in LILACS database. *Rev Bras Enferm*. 2008 July/Aug;61(4):514-7. Doi: <http://dx.doi.org/10.1590/S0034-71672008000400019>
3. Sousa SNS, Silva DRS, Moura ECC. Retrato do Ambiente Institucional por Idosos Residentes: Depressão em Foco. In: 61º Congresso Brasileiro de Enfermagem, Centro de Convenções do Ceará [Internet]. Fortaleza: CBEEn; 2009 [cited 2018 Sept 15]. Available from: http://www.abeneventos.com.br/anais_61cbeEn/files/01686.pdf
4. Schnaider TB, Silva JV, Pereira MAR. Family care providers of neurologically affected patients. *Saúde soc*. 2009 Apr/June; 18(2):284-92. Doi: <http://dx.doi.org/10.1590/S0104-12902009000200011>
5. Moreira MD, Caldas CP. The importance of the caregiver in the elderly health context. *Esc Anna Nery Rev Enferm*. 2007Sept;11(3):520-5. Doi: <http://dx.doi.org/10.1590/S1414-81452007000300019>
6. Gaioli CCLO, Furegato ARF, Santos JLF. Profile of caregivers of elderly people with Alzheimer disease associated to resilience. *Texto contexto-enferm*. 2012 Jan/Mar;21(1):150-7. Doi: <http://dx.doi.org/10.1590/S0104-07072012000100017>
7. Colomé ICS, Marqui ABT, Jahn AC, Resta DG, Carli R, Winck MT, et al. Taking care of institutionalized elders: characteristics and difficulties of the caregivers. *Rev eletrônica*

enferm. 2011 Apr/June;13(2):306-12. Doi: <http://dx.doi.org/10.5216/ree.v13i2.9376>

8. Peduzzi M. Multiprofessional health care team: concept and typology. *Rev Saúde Pública*. 2001;35(1):103-9. Doi: <http://dx.doi.org/10.1590/S0034-89102001000100016>

9. Carli L, Kolankiewicz ACB, Loro MM, Rosanelli CDLSP, Sonogo JG, Stumm EM. Feelings and perceptions of elderly residents at homes for the aged. *J res fundam care online* [Internet]. 2012 Apr/June [cited 2018 Mar 17];4(2):2868-77. Available from: <https://www.redalyc.org/html/5057/505750893004/>

10. Mesquita RF, Matos FRN. A abordagem qualitativa nas ciências administrativas: aspectos históricos, tipologias e perspectivas futuras. *RBADM*. 2014 Jan/June;5(1):7-22. Doi: <https://doi.org/10.6008/SPC2179-684X.2014.001.0001>

11. Mesquita RF, Sousa MB, Martins TB, Matos FRN. Methodological obstacles on the research practices of administration science. *RPCA* [Internet]. 2014 Jan/Mar [cited 2018 Feb 21];8(1):50-65. Available from: <https://search.proquest.com/openview/1b1c3886f669f3e8b903577ca4972c86/1?pq-origsite=gscholar&cbl=2032639>

12. Born T. A formação de cuidadores: acompanhamento e avaliação. In: *Seminário Velhice Fragilizada, SESCSP* [Internet]. São Paulo:SESCSP;2006 [cited 2018 June 15]. Available from: <http://associacaoamigosdagrandeidade.com/wp-content/uploads/filebase/artigos/TOMIKO%20BORN%20A%20forma%C3%83%C2%A7%C3%83%C2%A3o%20de%20cuidadores%20acompanhamento%20e%20avalia%C3%83%C2%A7%C3%83%C2%A3o.pdf>

13. Caetano ACM, Tavares DMS. Unity of Attention for the Elderly: activities, changes in daily life and suggestions. *Rev eletrônica enferm* [Internet]. 2008 [cited 2018 Mar 17];10(3):622-31. Available from: <https://www.fen.ufg.br/revista/v10/n3/pdf/v10n3a08.pdf>

14. Câmara dos Deputados (BR), Projeto de Lei nº 4702, de 09 de novembro de 2012 (BR). Dispõe sobre o exercício da profissão de cuidador de pessoa idosa e dá outras providências [Internet]. Brasília: Câmara dos Deputados; 2012 [cited 2018 Aug 10]. Available from: <https://www.camara.leg.br/proposicoesWeb/fichadetramitacao?idProposicao=559429>

15. Freitas AVS, Noronha CV. Elderly people in long-term institutions: speaking about care. *Interface comun saúde educ*. 2010 Apr/June;

14(33):359-69.

Doi:<http://dx.doi.org/10.1590/S1414-32832010000200010>

16. Saliba NA, Moimaz SAS, Marques JAM, Prado RL. Perfil de los cuidadores de ancianos y percepción sobre la salud bucal. *Interface comum saúde educ*. 2007 Jan/Apr; 11(21):39-50. Doi: <http://dx.doi.org/10.1590/S1414-32832007000100005>

17. Moura LKB, Mesquita RF, Mobin M, Matos FTC, Monte TL, Lago EC, et al. Uses of Bibliometric Techniques in Public Health Research. *Iran J Public Health*. 2017 Oct; 46(10):1435-6. PMID: [29308389](https://pubmed.ncbi.nlm.nih.gov/29308389/)

18. Moura LKB, Sousa LRM, Moura MEB, Mesquita RF, Matos FRN, Lago EC, et al. Satisfaction of users of the Family Health Strategy in a capital city of Northeast Brazil. *Int Arch Med*. 2017 Mar;10(80):1-8. Doi: [10.3823/2350](https://doi.org/10.3823/2350)

19. Ferraz MAAL, Bandeira SRL, Martins LLN, Nolêto MSC, Pereira RMS, Falcão CAM, et al. Lines of research in dentistry developed in a higher education institution. *Focus Oral Res*. 2018 Aug;1(1):10-5. Available from: <http://www.focusoralresearch.com/index.php/for/article/view/6/pdf>

20. Sousa LRM, Mesquita RF, Matos FRN, Moura LKB, Moura MEB. Components of user satisfaction of the Family Health Strategy. *Rev Portuguesa de Investigação Comportamental e Social*. 2017;3(2):2-9. Doi: <http://dx.doi.org/10.7342/ismt.rpics.2017.3.2.50>

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