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ORIGINAL ARTICLE

WORKLOAD OF INFORMAL CAREGIVERS OF ELDERLY AT RISK

SOBRECARGA DE CUIDADORES INFORMAIS DE IDOSOS FRAGILIZADOS

CARGA DE TRABALHO DE CUIDADORES INFORMALES DE ANCIANOS FRAGILIZADOS

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ABSTRACT

Objective: to evaluate the workload of informal caregivers of elderly at risk and to analyze its association with socioeconomic variables and innate to the monitoring by the Family Health Strategy (FHS). ***Method:*** this is a quantitative, cross-sectional study, carried out by means of form for the socioeconomic characterization and clinical and instrument of Zarit Burden Interview for assessment of workload. Fifty-one informal caregivers of two Family Health Strategies (FHS) composed the sample, and the results presented by means of statistical data in figures and tables. ***Results:*** we found a high prevalence of burden among caregivers (82%), which presented a statistically significant association with age (p- 0.003) and the support of the Family Health Strategy to the caregiver (p- 0.028). ***Conclusion:*** it proves by the results the importance of professionals in formal support to the caregiver, thus subsidizing the planning of actions of nursing intervention for the binomial elderly/caregiver. ***Descriptors:*** Caregivers; Fragile Elderly; Home Assistance; Nursing; Family Health; Workload.

RESUMO

Objetivo*:** avaliar a sobrecarga dos cuidadores informais de idosos frágeis e analisar sua associação com as variáveis socioeconômicas e inerentes ao acompanhamento pela Estratégia Saúde da Família (ESF). ***Método: trata-se de estudo quantitativo, transversal, realizado por meio de formulário para a caracterização socioeconômica e clínica e do instrumento de *Zarit Burden Interview* para a avaliação da sobrecarga. Compôs-se a amostra por 51 cuidadores informais de duas Estratégias de Saúde da Família (ESF's), e os resultados apresentaram-se por meio de dados estatísticos em figuras e tabelas. ***Resultados:*** encontrou-se alta prevalência de sobrecarga entre os cuidadores (82%), a qual apresentou associação estatística significante com a idade (p- 0,003) e o apoio da Estratégia de Saúde da Família ao cuidador (p- 0,028). ***Conclusão:*** comprova-se, pelos resultados, a importância dos profissionais no apoio formal ao cuidador, assim subsidiando o planejamento de ações de intervenção de Enfermagem para o binômio idoso/cuidador. ***Descritores*:** Cuidadores; Idoso Fragilizado; Assistência Domiciliar; Enfermagem; Saúde da Família; Sobrecarga.

RESUMEN

Objetivo: evaluar la carga de trabajo de cuidadores informales de ancianos y analizar su asociación con variables socioeconómicas e inherentes a la supervisión de la Estrategia de Salud de la Familia (FHS). ***Método:*** este es un estudio transversal realizado por medio de un formulario para la caracterización socioeconómica y clínico-instrumento Entrevista de Carga de Zarit para evaluación de la carga de trabajo. La muestra estuvo constituida por 51 cuidadores informales de dos Estrategias de Salud de la Familia (FHS), y los resultados presentados por medio de datos estadísticos en tablas y figuras. ***Resultados:*** se encontró una alta prevalencia de carga entre los cuidadores (82%), que presentó una asociación estadísticamente significativa con la edad (p- 0,003) y con el apoyo de la Estrategia Salud de la familia para el cuidador (p- 0,028). ***Conclusión:*** es demostrado, por los resultados, la importancia de los profesionales de soporte formal para el cuidador, lo que subvencionar la planificación de acciones de intervención de enfermería para el binomio anciano/cuidador. ***Descriptores:*** Cuidadores; Ancianos Fragilizados; Asistencia Domiciliaria; Enfermería; Salud de la Familia; Carga de Trabajo.

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INTRODUCTION

It is known that, in the contemporary world, population aging is a phenomenon that has brought changes in the epidemiological profile where the contagious diseases give rise to non-transmissible chronic diseases (NCD). Predisposes, for these, generally, some type of disability, thus favoring an aging through senility.[1]

They represent, in Brazil, the elderly, 14.3% of the population of the country and it is estimated that between 10 to 25% of this population have some predisposing factor to develop the fragility.[2-3] Require, for this panorama, the monitoring and the dispensation of daily care for the elderly being carried out, most of the times, by caregivers.

Defines whether the weakness as a geriatric syndrome that involves the decline of functional reserves, resulting in a decline of multiple physiological systems that culminate in a state of greater vulnerability to adverse events.[4]

Based its finding in the presence of three or more of the following signs: involuntary loss of weight; self-report of fatigue; reduction of handgrip strength; osteopenia; slowing of gait and low level of physical activity.[5]

It appears that the dependence to develop the Activities of Daily Living (ADL) with the pathological aging, and this paradox requires the assistance of a caregiver, whether it be formal and/or informal. He explains that the formal caregiver is the health professional or a person qualified to develop the task, constituting an alternative to assist informal caregivers; already the informal caregivers, family or home, it is generally a member inserted in the family context, lay in the care and has no remuneration.[6]

It is, to the extent that the severity of the disease progresses, the task of caring informally exhaustive and stressful to step in which the caregiver is to have restrictions in his routine, so may develop the amount of work.[7]

It has workload of the caregiver as a disturbance resulting from dealing with physical and mental incapacity of the single. Therefore, the caregivers require greater attention from the health team.[8]

Points out, in this study, that the informal caregivers neglect their self-care in virtue of task performance and that the greater the dependence of the elderly, the greater will be the time spent to care for it, generating lack of time for themselves and limitations in their social life.[6]

You can, in this way, the workload lead to physical problems, emotional and even unto death.[9] It has been the impact of stress resulting from caring as so significant that, in Spain, the government acknowledged, in law, it is the obligation of the State to provide support to the caregiver.[10]

Warns that, in Brazil, there are still few public health policies turned to this audience, what sometimes becomes just a figure mediator between the elderly care and the health team; and, although the theme is well exploited in the country, there are still shortcomings as regards the management of the health team to caregivers of weak elderly.

It shows, as well, in the scenario above, a challenge in the context of primary health care in which notes the need for investigations that reveal the care dispensed to the weak elderly and the consequences of this process on the health of the caregiver.

It has emerged that, in this way, the following question: "What is the level of amount of work of informal caregivers of weak older people and its association with socioeconomic variables and inherent to the monitoring by the Family Health Strategy (FHS)?"

It requires, to care for a fragile aged, a greater dedication of the caregiver as a function of increasing the degree of dependence of the same, and this situation can raise the level of workload, culminating in negative implications in the care and health of both.

This justifies the importance of the knowledge of the workload level of this public and as the support of the health team reflects a decrease in stress; so that the healthcare professionals, particularly nurses, may draw up protocols with concrete actions and effective, aiming to avoid the process of illness in the caregiver and, consequently, problems for the elderly-caregiver binomial.

OBJECTIVE

- To assess the workload of informal caregivers of elderly at risk and to analyze its association with socioeconomic variables and inherent to the monitoring by the Family Health Strategy (FHS).

METHOD

This is a quantitative, descriptive and transversal study conducted in the municipality of FHS's Picos-PI. It is, currently, the municipality with 36 FHS, being 25 located in the urban area and 11 in the rural area. We conducted the research in two FHS urban area

selected by the following criteria: increased number of bedridden elderly resident and registered to that found their caregiver.

Was the population of the research of 59 informal caregivers, reaching the final sample of 51 participants (n=51), due to the difficulty of access to some households and of little aid of team.

Selected, bearing in mind that the FHS has difficulty in obtaining an estimate about the caregiver. The beginning, for the act of the visit, the elderly who possessed the presence of one or more of the following characteristics: age greater than or equal to 75 years old; be domiciled or settled; history of falls and hospitalization in the last year and a dependence on a caregiver to perform or assist in self-care activities. These are risk factors and possible outcomes inherent to an elderly in a situation of fragility,[5] being an effective way to locate the caregiver.

The data were collected in the period from November and December of 2017. Informed that, for the identification of the households by nurses and community health agents (CHA), addresses and, in some cases, the CHA escorted the researcher. We considered the considered elderly that presented at least one of the characteristics mentioned above, which was confirmed on site by means of their caregiver. Made up, for the caregiver, such as inclusion criteria: being the main caregiver; with minimum age of 18 years old; exercise caution with the frail aged for at least six months; be accompanied by the FHS selected and possess the cognitive capacities preserved. It was determined as exclusion criteria: have some training in the area of health or training for the care and cannot be found at home.

It was used for data collection a form with socioeconomic variables and clinical data directed to the caregiver. It was applied to assess the amount of work, the instrument of Zarit Burden Interview (ZBI) validated in Brazil.[9]

Comprises the tool of Zarit by 22 questions those evaluate the relationship of the binomial caregiver/patient with the objective of measuring the level of stress/workload of the caregiver. The scores ranged from zero to 88, being classified as: absence of overload (zero to 20); mild to moderate (21 to 40); moderate to severe (41 to 60) and severe (61 to 88) points.[9]

Export the data collected for IBM software Statistical Package for Social Sciences (SPSS), version 20.0. Held, after the descriptive analysis, the statistical inference between the socioeconomic variables and inherent to the customer follow-up by the FHS with the level of amount of work. We used for this test, the Pearson correlation coefficient, Fisher's exact test and Student T test. It is considered for all tests, the significance value of p-value <0.05, confidence interval with a level of 95%, and later, the results were organized in tables.

Obeyed, for study, to the provisions of the National Health Council resolution 466/2012 and the Research Ethics Committee of the State University of Piaui with Opinion N 2,341.682 approved this. There were the objectives, risks and benefits of the study along with the Term of Free and Informed Consent to all participants of the survey.

RESULTS

Predominated, in relation to the sociodemographic profile of caregivers, the females (88.2%), the average age of 52.8 years, the low level of education (60.8%) and married or living with a partner (49.0%); the degree of kinship, prevailed (56.9%) children, and of these, 68.6% lived in the same household that the elderly and 56.9% exercising caution over five years ago.

It is found in clinical characteristics, which 68.6% have some type of health problem, whichever hypertension and/or Diabetes Mellitus (DM), with 41.2%, followed by osteoarticular diseases, with 23.5%. It should be emphasized that there was the presence of depression (3.9%) and 78.4% did not practice physical activity.

It was examined whether, relevant to the monitoring of informal caregivers by the FHS, 56.9% reported receiving some kind of support from the health team, predominantly to the consultations and visits (39.2%), and, furthermore, that 60.8% sought medical care for himself in the FHS, and, among these, 35.3% seek medical care, 17.9% of nursing care, and 7.6%, other professionals; as for the routine exams, the majority (56.9%) affirmed to have them performed in the last 12 months.

It was stated, in what concerns the evaluation of the workload, by ZBI, the prevalence of burden among caregivers, with 82%, and the average total of 36 points and standard deviation of ±15.62. He adds that the values of minimum and maximum scores were 8 and 69, respectively, as shown in figure 1.

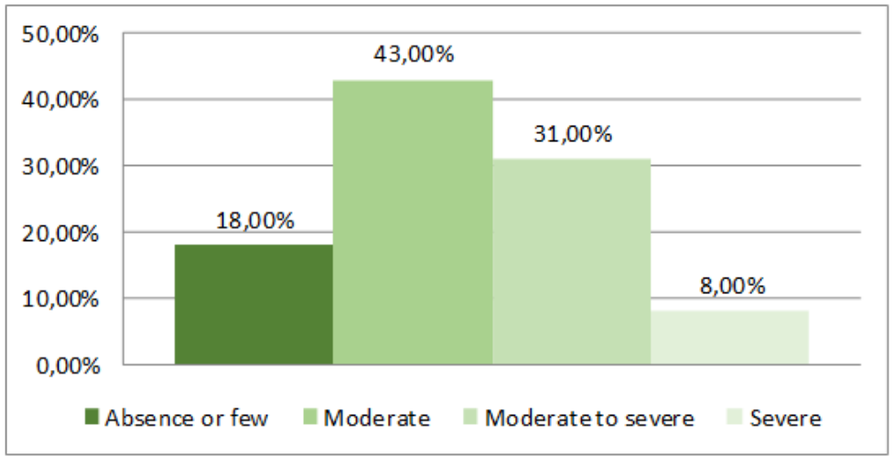

Figure 1. Workload level of caregivers of the elderly (N=51). Picos (PI), Brazil, 2017.

It was examined whether, when performing the statistical association between the overhead of informal caregivers with the age variable, that there was a positive relationship and a moderate correlation between the two variables, i.e., the higher age implies an increase in the burden (Table 1).

Table 1. The Pearson correlation between age and burden caregivers (N=51). Picos (PI), Brazil, 2017.

Variable evaluated	Caregiver workload [1]	P
Age (in years)	R = 0.41	P = 0.003

[1]Total score: ZBI range

It was observed, in relation to the association of qualitative variables with overload, that gender, level of education, live or not with the elderly care and possess or not health problems have not had a significant association with the score of overload.

It is perceived, when reporting the variables inherent to monitoring by the FHS, the average of the workload of those who sought medical care by the team did not differ significantly from those who do not sought medical care, as well as there was no interference with the workload of the group that performed exams on last year for those who did not.

Joined; however, in Table 2, the variable is inherent in the support of the FHS and the classification of workload, indicating that the level of moderate to severe was lower in the group that received some kind of support from the health team; in contrast, there was no significant difference between the average of the workload of the group that received such kind of support customer service/consultation to the average of those who participated in collective activities.

Table 2. Association between the variables inherent in monitoring the customer by ESF and the caregiver workload (N=51). Picos (PI), Brazil, 2017.

Support of the FHS	Workload level (score)								P *
	Absence or lack of		Moderate		Moderate to severe		Severe		0,028
	N	%	N	%	N	%	N	%	
Yes	03	10.3	17	58.6	06	20.7	03	10.3	
No	06	27.3	05	22.7	10	45.5	01	4.5	
	Workload level (average)								P **
Type of support from the FHS:	N		%		Average		Standard deviation		0.141
Consultations	20		39.2		37.40		14.81		
Collective activities	09		17.6		28.50		14.06		

*Fisher Exact Test **Student's T-test.

DISCUSSION

Pointed that the sociodemographic characteristics of the caregivers assessed in this study are in agreement with other literature.[8-11]

It is believed, when reporting to the genre, which, culturally, this task is still assigned to the woman. However, in most cases, these days worked outside the home, cared for the home and children and, for them, assume this commitment without the aid of the family can generate a workload, which may result in greater impacts to their health.

It is worrying, in relation to the state of health of the caregiver, the fact of the same possess some kind of infirmity, therefore, to perform the task, generally, self-care practices are postponed amid the needs of elderly people, which may generate a risk behavior on their health. It is pointed, in research, that the caregiver often neglect their health due to exercise such an undertaking and who reported worsening in their state of health after exercise the task.[12-3]

Assigns the responsibility of caring for its members to family members; however, it is expected that the person who will assume the task is in good health conditions to exercise the function and that this get social support so that his health is maintained, and thus represent a challenge for health professionals.[14]

It is inferred to the gap in the monitoring of the caregivers by primary health care (PHC), that the caregiver only takes the opportunity of the visit of the team for the elderly to see. This support occurs in an indirect way and the assessment of the caregiver, that is part of the multidimensional assessment of the elderly and must be performed in a holistic and timely, many times, it reduces the biomedical model, while the preventive actions and health education are delayed, prioritizing the assistance to the elderly.

Interferes negatively, in this sense, the lack of training in Gerontology and Geriatrics and training centered on the disease, in the assistance to the elderly and their family at home.[15]

Undertakes, by this attention indirectly, the longitudinality of assistance to the caregiver, since, in addition to the care of health promotion, some require continued care/programed and need to be part of the programs offered by the FHS.

It was noted, in terms of health promotion activities carried out by the team of the FHS, that such practices are operationalized. However, the method has not been very successful, given that the caregivers reported difficulties in attending activities, because many exercised care alone or permutated with secondary caregivers only at night, making it difficult for the attendance to the health service.

It stands out, in a study conducted in Canada, the importance of primary care services to raise the quality of care offered to the elderly and in keeping the health of the binomial.[16]

It has become, in this context, the CHA team the advantage of proximity with the community, and may verify the difficulties of caregiver and, on the basis of identified, develop alternative measures that can meet the needs of this, as well as assist you in fighting against the installation of workload.

It is believed that the support of the health unit is essential to the process of care in the household, because, through health education to caregivers, it is possible to raise the quality of life of the elderly and their family.[15]

It is imperative, even referring to the assistance of CHA to the caregiver, there are changes in strategies to make feasible the full support, so that there is the strengthening of practices for the prevention of diseases, as well as the promotion of health.

The carers demonstrated it, moreover, the need of a humanized care with regard to active listening. Adopts, on the other hand, by caregivers, a position in which there is the prioritization of activities of care dispensed to the elderly and a neglect with their own health, which constitutes an obstacle to the implementation of actions by professionals of the FHS.

It emphasizes, in spite of the above, the nurse's role in the monitoring of this population, since this should assist in the adaptation process of care and mobilize the team of the FHS to develop strategies to overcome the barriers of a qualified listening, promoting the caregiver's bond with the professionals and, thus, contributing to their biopsychosocial well-being.[15]

Presented, with regard to workload, by moderate level, similarity with the literature. On the other hand, a study showed higher levels of workload in which predominated the severe score.[18.12] It causes, in moderate scores of workload, abrasions, physical, mental and emotional, causing the caregiver burden in life.[19]

It proved, in research, that the caregivers of elderly with dementia have a greater impact on their health, including increased risk for subsequent diagnosis of dementia or cognitive problems.[20]

Implies negatively, thus, the workload on his routine and ability to care, because, in virtue of the performance of the task, the moments of leisure and the practice of physical activity become scarce and, with time, these factors cause social isolation. We could observe, moreover, that the greater was the level of dependence of the elderly, the greater the restriction of the caregiver to the task.

Many reported it, moreover, the abandonment of their activities/employment after they began to exert such a commitment. Ii is characterized this as an aggravating factor to acquire stress, on the assumption that generally, at this stage, the social and financial problems, and this finding is in line with what is observed in other literatures, which indicate the emergence of psychological conflicts, physical and emotional problems, in addition to the high rates of depression.[11-21]

You can generate, thereby, by means of workloading, multiple outcomes, such as the feelings of frustration, powerlessness and the sense of inability to perform the task; hindering the care dispensed to the elderly in the measure in which compromises the quality of care offered and the physical and mental health who cares. It reflects in the process of keeping the health of both.[12]

In addition, regarding the coping strategies of stress from caring, that the practice of physical exercise, leisure activities and participation in collective activities prepared by the team of PHC can ease the tension.[22]

Thus, an educational intervention aimed for this group can constitute in an effective strategy, since it makes possible to investigate and conduct the situational diagnosis and the coping strategies adopted by the caretaker, and from the exchange of experience, subsidize the collective empowerment.[23-4]

Provides a reduction of stress, in this way, by the options of coping, in addition to redeem the well-being of the caregiver and encourage the presence of the caregivers in health services. It is known, however, that it is not an easy task because, although the caregiver to be recognized by the National Policy of the Elderly Person (PNSPI), there are still no public policies and programs for the caregiver.[25]

It is evident, too, the moderate correlation between age and the score of workload, indicating that the greater the age, the greater the risk of acquiring high levels of workload. Similar data were observed in another study that evaluates the caregivers of adult's wheelchair users.[8]

It should be emphasized that, in this study, there was a considerable number of caregivers with age above 60 years old, a factor that predisposes the onset or worsening of the workload. It is this worrying picture to the extent that there may be impairment of care, in addition to the risks to the health of the caregiver.

They met, as for the significant difference between the score of the workload of the group that receives support from the FHS for who does not receive, consistent results in other literatures, which point out that who gets some kind of social support, emotional or religious has less workload.[22-6]

It is considered; however, that the support that they receive still does not meet the demands of the caregivers in their sum, because the target of the schedules of health promotion during the visits is still of the elderly, and the caregiver is seen only as the person who provides care; it is, therefore, a holistic look for a caregiver who may fall ill because of his activity.[7]

Are, thereby, by old age, the long-time dedication to elderly, the scarcity of leisure moments, along with the lack of an effective family and social support, factors that are present in the routine of caregivers and, when added to workload, it may result in injuries to the physical and mental health of who cares.

Trust, in this scenario, that the preparation of a care plan addressing the importance of the practice of physical activities and social conviviality is a simple measure of coping that can increase the esteem and minimize the effects of stress on the caregiver.[24]

You can and should stimulate and plan for the above-mentioned activities, together with the healthcare team, highlighting that the nurse who configures himself as a link between the FHS and the caregiver. He has a crucial role in the development of actions in health education and the adaptation of the binomial, preventing or reducing the workload of the caregiver and raising the quality of the care offered.

It points out, in case of limitations, the sample, since only the caregivers attached in the catchment area of two FHS of the municipality were evaluated, besides the difficulty of visits when not accompanied by

CHA, which meant more time to find the addresses, in addition to the difficult access to some households.

CONCLUSION

Proved by the results of this study, that the informal caregivers showed moderate levels of workload and that advanced age and did not receive effective support of the team of the FHS may influence the onset or worsening of the level of the same.

It is, therefore, a paradox between the practice and the actions recommended by MOH, in which there is the commitment of assistance to the caregiver in activities to promote health and continued care/programed. It is, therefore, the importance of developing a strategy turned to this audience, in order to prevent injuries to their health.

It becomes evident, in this way, the need of directed support to the caregivers; therefore, it is necessary to adapt new strategies to strengthen the care, once that the caregivers are a group with several risk factors for acquiring injuries to physical and mental health. You should stimulate, besides the longitudinality and comprehensiveness of care, the caregiver to seek the FHS for health promotion actions.

Emphasizes the importance of this study to contemplate a public that is still not the target of public health policies and that needs the operationalization of effective actions in view that the workload may interfere in the care dispensed to the elderly and, consequently, the health of both.

It is hoped that this study can contribute to health professionals, especially in Nursing, with a view to developing effective strategies those contemplate the caregiver, the binomial elderly/caregiver and family, as well as to mobilize other health professionals for the development of studies that consider a larger sample and other interfaces of workload and care.

Stresses, in view of the above, that it is important to make the caregivers a priority group for continued care, thus contributing to the reduction of stress and empowering them to take care of the elderly without forgetting to take care of themselves, culminating in maintaining the health of the binomial elderly/caregiver.

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