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ORIGINAL ARTICLE

PROFILE OF PROFESSIONAL CAREGIVERS OF OLDER ADULTS

PERFIL DOS CUIDADORES OCUPACIONAIS DE IDOSOS

PERFIL DE LOS CUIDADORES PROFESIONALES DE ADULTOS MAYORES

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ABSTRACT

Objective: to know the profile of people who work as caregivers of older adults. ***Method:*** descriptive exploratory study conducted with 35 caregivers hired via free newspaper advertisements or recommendation of other caregivers in the municipality of Joinville, SC, Brazil. A questionnaire was applied and the data were analyzed using descriptive statistics analysis. This study was approved by the Committee of Ethics in Research, Opinion No. 042/11. ***Results:*** the caregivers were mostly women, aged over 42 years, and had completed the fourth grade of elementary school; worked up to 12 hours per day; helped in oral feeding and diaper change; administered oral medication; monitored vital signs; took care of skin integrity; helped in aspersion and bed bath, if necessary; and helped in older adults' mobility. ***Conclusion:*** caregivers started assisting and performing daily life activities and evolved to healthcare. There is an urgent need for nursing to participate in determining the limits of activities performed by these professional caregivers. ***Descriptors:*** Nursing; Older Adults; Caregivers.

RESUMO

Objetivo*:** conhecer o perfil das pessoas que trabalham como cuidadores de idosos. ***Método*:** estudo descritivo-exploratório com 35 cuidadores contatados por meio de anúncios de jornal de circulação gratuita e de indicação de outros cuidadores no Município de Joinville, SC, Brasil. Foi aplicado um questionário e os dados foram analisados pela análise estatística descritiva. Este estudo foi aprovado pelo Comitê de Ética em Pesquisa, Parecer n. 042/11. ***Resultados*:** os cuidadores eram majoritariamente mulheres, com idade superior aos 42 anos; possuíam quarta série do ensino fundamental; trabalhavam até 12 horas por dia; ajudavam na alimentação via oral e na troca de fraldas; administravam medicação via oral; aferiam sinais vitais; cuidavam da integridade cutânea; auxiliavam no banho de aspersão e de leito, se necessário; e ajudavam na locomoção dos idosos. ***Conclusão*:** os cuidadores iniciaram auxiliando e realizando atividades da vida diária e evoluíram para cuidados em saúde. Urge que a enfermagem participe na determinação dos limites de atuação desses cuidadores ocupacionais. ***Descritores: Enfermagem; Idosos; Cuidadores.

RESUMEN

Objetivo: conocer el perfil de las personas que trabajan como cuidadores de adultos mayores. ***Método:*** estudio descriptivo exploratorio con 35 cuidadores contratados a través de anuncios de prensa gratuita o la recomendación de otros cuidadores en el Municipio de Joinville, SC, Brasil. Se aplicó un cuestionario y los datos se analizaron mediante análisis de estadística descriptiva. Este estudio fue aprobado por el Comité de Ética en la Investigación con el Dictamen N° 042/11. ***Resultados:*** los cuidadores eran en su mayoría mujeres, de más de 42 años de edad y habían terminado el cuarto grado de la escuela primaria; trabajaban hasta 12 horas por día; ayudaban en la alimentación oral y cambio de pañales; administraban medicación oral; monitorizaban los signos vitales; cuidaban de la integridad cutánea; ayudaban en el baño en cama y por aspersión, si fuese necesario; y ayudaban en la movilidad de los adultos mayores. ***Conclusión:*** los cuidadores comenzaron a ayudar y a realizar las actividades cotidianas y evolucionaron para el cuidado de la salud. Insta a que la enfermería participe en la determinación de los límites de operación de estos cuidadores profesionales. ***Descriptores:*** Enfermería; Ancianos; Cuidadores.

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INTRODUCTION

As a consequence of population aging and the changes in the epidemiological profile of the population, the healthcare system is faced with the challenge of training its professionals to meet the demands of such a situation. The speed of this transition has not been followed by the Brazilian Unified Health System (SUS). This system is more prepared and organized for primary and tertiary healthcare, but without the necessary development to provide medium complexity healthcare, considering the advancement of chronic diseases.[1]

Older adults, subjects of this context, receive home care on the part of family members, being supplemented by the public or private system, when necessary and possible. The reality of family caregivers is a burden and lonely, leading those family members to feel overwhelmed by the functions assumed to the detriment of their social lives.[2] Caring for older adults is currently a concern for developed and developing countries. A study conducted in Mexico pointed to the importance of the family with respect to caring for older adults, and this family care was related to the lack of structure in the social assistance of the country mentioned.[3]

Older adults have specific care needs and it becomes difficult for family members dealing with this situation, both by the overload of care carried out and the inability to assume it. In addition to these two issues, there is a limited number of people available in the family to care for older adults. Since today the family arrangements are different from those of a past not very remote, many families seek to delegate the care of their older adult members. Although there are no data available on who hires caregivers for older adults, a population-based and cross-sectional study conducted in the city of Porto Alegre, State of Rio Grande do Sul, showed that 4.3% of older adults hired formal caregivers.[4] A study conducted in Japan showed that most would rather receive the final care at home. However, some older adults opted for staying in nursing homes, hospitals or asylums, in order to prevent the suffering of children, or prevent them from being overloaded by the function of caring for a dependent older adult.[5]

In Brazil, the occupation of caregiver of older adults is regulated by the Brazilian Classification of Occupations, established by Ministerial Decree No. 397, October 9, 2002, which aims to identify the occupations in the labor market, in order to classify them in administrative and domiciliary registrations.[6] This classification was created in 1982 and has been undergoing changes to keep up with the changes in the Brazilian society. The code 5162 belongs to children, youth, adults, and older adults and includes four titles: nanny; caregiver of older adults; preschool mothers; and health caregiver, each with its specific code. The code for caregiver of older adults is 5162-10, whose associated classifications are: older adults' companion; caregiver of older adults and dependents; home caregiver of older adults; institutional caregiver of older adults; and geriatric sitter.[7]

In summary description, that ministerial decree clarifies that these people are hired by private individuals or institutions that take care of the well-being, health, eating, personal hygiene, education, culture, recreation, and leisure of the assisted person. For training and experience, the decree requires that these people should be aged over 18 years and trained in open courses with workload between 80 and 160 hours. As a general condition for this practice, it can be performed in the homes or institutions that take care of children, youth, adults, and older adults. The activities should include some kind of supervision, as self- or paid employment, and the working hours can be alternate periods or full-time.[7]

The report of caregivers of older adults describes the functions related to: taking care of the persons; taking care of the persons' health; promoting their well-being; taking care of feeding, the environment of the home or institution; encouraging culture and education; caring for the persons in outside activities; and demonstration of personal skills, such as physical fitness, capacity for adaptability and taking decisions, among others.[7]

The issue of professional caregivers of older adults has been under discussion since 1998.[8] With the creation of the National Health Policy for the Older Adult (PNSI), the Interministerial Ordinance No. 5153/99 was deployed establishing the National Program for Caregivers of Older Adults. This ordinance aimed to train home caregivers of older adults, either being family members, professionals, neighbors, or others.[9]

The training of these professionals workers has been discussed since that year. Questions about the limits of their activities as opposed to the role of nursing in this new context have been the subject of internal and external debate in nursing. However, when discussing the role of the caregiver of older adults, caring should be the focus and main purpose

of the arguments. This implies not only new occupations or the labor market, but also the qualification needed for the performance of this work, in addition to ethical issues that permeate the relationship between older adults and their caregivers and also issues of concern, such as violence against older adults and family abandonment.

In view of what has been exposed here, a timely question is: Who are they and what care activities have been performed by professional caregivers of older adults in the municipality of Joinville? In order to discuss issues related to the professional caregiver of older adults, this study aims to know the profile of the people performing this activity.

METHOD

This is a descriptive exploratory study based on an earlier study conducted in Campinas, State of São Paulo.[10] The population of the current research was composed of professional caregivers of older adults providing care exclusively at older adults' homes of the municipality of Joinville, State of Santa Catarina. Family caregivers, those caregivers who were not paid to provide care, and those who were nursing technicians were excluded from the research.

A total of 39 caregivers were interviewed, but since four of them were nursing technicians, the study sample was composed of 35 professional caregivers of older adults. The participants were selected through classified advertisements of a free distribution newspaper, both printed and in electronic format. The query was carried out daily, from March to July 2012. The "snowball" technique—or networked sampling—was also used. Through this technique, the first members of the sample point out other individuals who meet the criteria for inclusion in the research.[11] The participants were contacted both through the phone numbers provided in the advertisements and by being mentioned by other individuals. The place and date of the interviews were chosen by the participants.

The number of participants was limited due to the difficulty in finding the professional caregivers and the time established for the completion of the research. The statistical calculation of the sample was not performed due to the lack of data on the number of caregivers of older adults who were working. There are few caregivers registered in the municipality of Joinville according to the databases of the Ministry of Labor and Employment-Annual Report of Social Information (RAIS) and the General Register of Employed and Unemployed (CAGED). This may suggest informality and/or lack of knowledge on the part of caregivers and the contractors about the possibility of being registered as a professional caregiver of older adults. Another possibility is the register as domestic workers.

A questionnaire with closed questions was drawn up and divided into two sections for collecting the data. In the first section, the goal was to characterize the caregivers with data such as: education; further training; working time as a caregiver; payment; and hours worked, among other. The second section had questions about the activities carried out with the older adults, among which were: feeding; use of probes and drains; hygiene; comfort; and older adults' mobility. The data obtained with this instrument were analyzed through descriptive statistics analysis.

An informed consent form was signed on the day scheduled for the interviews. The identity of all participants was preserved in compliance with the ethical commitment to research, respecting the principles of beneficence, nonmaleficence, justice, and autonomy. This work was registered in the Research Ethics Committee of the Hans Dieter Schmidt Regional Hospital under No. 042/11.

RESULTS AND DISCUSSION

Table 1 shows that most caregivers were women, ranging from 41 to 50 years of age (n=15). One of the respondents did not report his/her age.

Table 1. Professional caregivers of older adults by age group and sex.

Age group	Female	Male	Total	%
21-30	1	0	1	2.9
31-40	3	0	3	8.5
41-50	15	0	15	42
51-60	12	0	12	34.2
61-70	2	1	3	8.5
N/A	0	1	1	2.9
	33	2	35	100

According to the National Household Sampling Survey (PNAD), 93% of domestic workers are women.[12] Surveys conducted with family caregivers[2,13-5] and professional caregivers of older adults corroborate this female predominance.[8] It is possible to observe a relationship between care activities and gender issues, reflecting on the job of caregivers of older adults.

Only 35% of the professional caregivers studied had completed the fourth grade of elementary school, followed by those who had completed elementary and high school, both representing 32% of the sample. With respect to additional training, some professional caregivers had attended more than one course, with predominance of curses for caregivers of older adults (48%). Such courses had been taught in private hospitals, physiotherapy clinics, and secondary technical and vocational private institutions. The participants who introduced themselves as caregivers of older adults reported having other professional qualifications, such as hairdressers, mechanics, technicians in radiology and seamstresses.

In this study, nearly half of respondents had attended the course for caregivers of older adults. This training is offered in an open course aiming to provide initial and continuing training to workers at all levels of schooling, in order to develop skills for productive and social life.[16] However, in a study conducted with 41 caregivers of older adults in the city of São Paulo, only four of them had attended the course for caregivers.[8] Another study conducted with 12 caregivers of older adults in the city of Ribeirão Preto, State of São Paulo, showed that none of them had attended the course.[17]

The average working time as a caregiver was five years. In the sample, the shortest time was three months and the maximum 20 years. Over these years, they took care of many older adults. The time of care provided to each older adult was not asked. Only 10% of the caregivers took care of more than one older adult at the same home.

Among the respondents, 97% did not have another job, despite the diversity of professions reported. With respect to working hours, 51% worked 12 hours per day, followed by 26% that worked eight hours a day and 11% six hours a day. One caregiver worked only on weekends and another one lived with the older adult. Regarding days off, the prevalence was two days per week for 82% of the respondents.

The working hours of professional caregivers are similar to those worked by family caregivers regarding the time spent and dedication, which is usually above 10 hours/day or even during long hours, because caring for older adults requires time and dedication on the part of the caregiver, involving activities of the daily life and care required by the health condition of the older adult.[14-5,18-9]

The analysis of the payment for the caregivers' services was conducted using simple statistical analysis on the basis of information supplied by the subjects about their wages and hours worked. The average referred to for working 40 hours per week was R$ 855.42, whereas the median—or central tendency of the values presented—was R$ 777.78, with a standard deviation of R$ 466.55. In order to calculate the values, those cited by the respondents were adjusted to a unique working hours of 40 hours per week; even though the working hours varied between 20 and 60 hours per week. The distribution of amounts received was adjusted to eight daily working hours, or 40 hours per week; the minimum value was R$ 244.44 and the maximum was R$ 2,800.00, showing a variation of about 90% in the payment for the same working hours as a caregiver of older adults. The various forms of payment found might be one of the justifications for the variation shown. Training and payment were not compared.

In the second section of the questionnaire, the activities carried out with the older adults were analyzed. Among the participants of the study, 52% accompanied the older adult in some activity, mainly walks (37%) and medical appointments (34%). In order to know about the activities performed, the caregivers were also asked about the household tasks. It was found that 60% of the participants performed some kind of domestic tasks and some caregivers performed two or more tasks. Among these tasks, the most frequent was cooking (51%), followed by ironing and/or washing clothes (40%).

There was a relationship between domestic tasks performed and caregivers' training. Among the 17 caregivers who had attended curses for caregiver of older adults, only six did not carry out any type of domestic tasks. This same relationship between training and nonperformance of domestic tasks was observed in another study conducted with hired caregivers.[20]

With regard to care with feeding, 97% of the caregivers helped/administered oral feeding, of which 74% administered exclusively oral feeding. One caregiver administered via other routes, such as

nasogastric and nasoenteral tubes, and gastrostomy. One of the caregivers did not administered food, because this task was the responsibility of the family members.

Among the caregivers who administered oral feeding, 23% also performed it through nasogastric tubes, even though this procedure requires knowledge about the possible complications during infusion and maintenance of the tubes. Of these, four had attended the course for caregivers of older adults and four had not attended any course. None of the caregivers reported using feeding tubes. Among the possible complications, the most common is diarrhea, which can be controlled by the flow of infusion. However, there may be impairment of the lung functions and obstruction of the tubes. Such complications require technical knowledge and rapid interventions to prevent damage to the patients' health.[21]

The administration of medicines was predominantly carried out orally (94%). Two caregivers reported that they did not administer medicines. Five caregivers reported that they also administered medications intramuscularly, three of whom did not have any training and two had attended the course for caregivers of older adults. Intramuscular administration of medications requires technical knowledge regarding application sites, total volumes to be administered, needle type, site selection, and identification of complications arising from administration of medicines through this route.

It is recommended that this technique should be performed and/or supervised by a nurse. Nursing professionals should always be updated about care technique and procedure.[22] However, these measures are not guaranteed in services performed by persons who are not trained nor directly supervised by a nurse. Among the possible complications, muscle injuries, abscesses, erythema, and local pain can occur.

Control of all vital signs was conducted by 60% of the caregivers. Two caregivers only controlled the temperature and blood pressure and the rest did not control vital signs. The report of the Brazilian Classification of Occupations provides that professional caregivers must control the vital signs of the older adults, but it does not explain how to do it. Care related to skin integrity included: decubitus change (77%); massage (71%); and dressings and skin moisturizing (68.5 and 66%, respectively). Among the participants, two did not care for skin integrity.

Most caregivers performed diaper change (83%), and this was the main care with regards to older adults' urinary and fecal elimination. Three caregivers reported performing care of colostomy bags—cleaning and change. One caregiver reported also performing care of vesical probes. Older adults' bathing was performed in the shower in 70% of the cases. Virtually, all older adults were somehow aided by caregivers in locomotion (94%). These data corroborate with other studies that showed the difficulties of older adults in performing basic activities and instrumental activities of the daily life, justifying the presence of a caregiver as accompanist and performer of such activities.[23-4]

It is necessary to research more deeply what is taught in the course for caregivers of older adults. Currently, through government programs such as the National Program for Access to Technical Education and Employment (PRONATEC), the course for caregivers of older adults is offered as a 160-hour open course. The Brazilian Government determines that complete elementary school is the minimum requirement for admission in the course. This course is on the axis of technological environment, health and safety; therefore, there is a distortion of the initial goal of the creation of the occupation, since caregivers of older adults belong to the area of social assistance.[25]

Although this occupation has arisen out of the need to assist the older adults and their family members in home care within the field of social assistance, it can be observed that the bill providing for the creation of the professional caregiver of older adults has another focus. In the Bill 284/2011, healthcare for older adults is mentioned more frequently and its activities in healthcare are expanded.[26]

CONCLUSION

It is essential to know how long each caregiver provides care for older adults and what kind of monitoring and supervision these caregivers have from other health professionals, especially nurses. The information about the number of older adults that wear diapers, need bed bath, and help in mobility demonstrate a high degree of dependence and the need for someone's continuous care/supervision.

The report of the Brazilian Classification of Occupations, which describes the caregivers of children, youth, adults, and older adults, mentions the major areas of competence for this occupation. Among them, the report cites the activities related to caregivers'

responsibility. Comparing the data found in this study with such description, it is possible to observe that not all caregivers exert the activities mentioned, giving greater emphasis to healthcare for older adults than the real requirements of their job.

Considering the findings of this study, it is essential and desirable that nursing—researching and performing in the area of gerontology and geriatrics—position itself permanently with respect to the situation of professional caregivers of older adults, determining the occupational role of nurses in training courses for caregivers and the definition of the limits of their performance.

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