ABSTRACT

Objective: to identify the difficulties and needs of caregivers facing the daily care provided to the dependent elderly at home. Method: this is a bibliographical, descriptive, integrative review type study, in LILACS, BDENF and SciELO Virtual Library. The presentation of the results and discussion of the data were carried out in a descriptive way. Results: a total of 68 articles were found, selecting six that met the study proposal. The caregivers’ main difficulties were identified as: hygiene care, feeding, locomotion, bathing, changing clothes and diapers; care with medications and exercises. The following caregiver needs stood out in the studies evaluated: orientation about basic care, to take a caregiver course, to receive support, health education, and training. Conclusion: numerous difficulties and needs of caregivers related to the daily care of dependent elderly individuals were observed. It was observed that many caregivers presented behaviors, often inappropriate, requiring guidance about these activities.

Descriptors: Caregivers; Elderly; Aging; Primary Health Care; Health Education; Residence Characteristics.
treinamentos. **Conclusão:** constataram-se inúmeras dificuldades e necessidades dos cuidadores relacionadas aos cuidados no cotidiano com os idosos dependentes. Observou-se que muitos cuidadores apresentaram condutas, muitas vezes, inadequadas, necessitando de orientações acerca dessas atividades.

**Descritores:** Cuidadores; Idosos; Envelhecimento; Cuidados Primários de Saúde; Educação em Saúde; Domicílio.

**RESUMEN**

**Objetivo:** identificar las dificultades y necesidades de los cuidadores con respecto a los cuidados diarios prestados a los ancianos dependientes en los hogares. **Método:** se trata de un estudio bibliográfico, descriptivo, tipo revisión integradora, basado en LILACS, BDENF y Biblioteca Virtual SciELO. Se presentaron los resultados y se discutieron los datos de manera descriptiva. **Resultados:** se encontraron 68 artículos, seleccionando seis que cumplieron con la propuesta del estudio. Se identificaron las principales dificultades de los cuidadores: cuidados con la higiene, alimentación, locomoción, baño, cambio de ropa y pañales; cuidado con los medicamentos y los ejercicios. Destacaron en relación a las necesidades de los cuidadores en los estudios evaluados: orientaciones sobre los cuidados básicos, cursar un curso de cuidador, recibir apoyo, educación y formación en salud. **Conclusión:** existían numerosas dificuldades y necesidades de los cuidadores relacionadas con el cuidado diario de los ancianos dependientes. Se observó que muchos cuidadores presentaron comportamientos que a menudo eran inadecuados, requiriendo orientaciones sobre estas actividades.

**Descripción:** Cuidadores; Anciano; Envejecimiento; Atención Primaria de Salud; Educación en Salud; Características de la Residencia.

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In recent years, a change in the demographic transition in Brazil has been observed through an increase in the number of elderly people. It is pointed out that in 2017, the number of elderly surpassed the 30.2 million mark, with projections that, as of 2039, the country will have more people over 65 than children.¹

One realizes that, linked to the growth of the elderly population, there are concerns about the health issues of the elderly, since the aging process itself is responsible for bringing about changes in their daily lives, and these changes, added to an unhealthy way of life, reduced socioeconomic and educational issues, in addition to other factors to which they are exposed, predispose them to the onset of diseases common in the geriatric population, such as Chronic Non-communicable Diseases (CNCDs).

It is known that among the most prevalent CNCDs in the elderly are Hypertension and Diabetes Mellitus, and the involvement of these diseases increases the chance of the elderly to develop some degree of dependence for Basic Activities of Daily Living (BADL). It is noted that the high prevalence of chronic diseases is the result of numerous factors, among which we highlight the physiological factors of aging and inadequate lifestyle.²⁻⁴

It is revealed that the elderly person is very susceptible to being affected by degenerative diseases, such as cardiovascular, musculoskeletal, psychological, and neurological diseases. It is noted, in view of the above, that the aging process when associated with diseases significantly compromises the autonomy and independence of the elderly person.⁵⁻⁶

It is important to emphasize that there are many causes that can lead the elderly person to present total or partial limitations that compromise the performance of their daily activities, and this is an increasingly common reality.

A study carried out with 23,815 elderly individuals showed that 7,233 (30.1%) reported difficulties to perform one or more activities of daily living, with a prevalence of 81.2% (n=5,978) with functional limitations that required help to develop them. It is known that the prevalence of dependent elderly people increases the demand for people to care for them in the home environment, and this function is usually developed by an informal caregiver (unpaid family members and friends).⁷

It is observed, therefore, that the figure of the family caregiver of the elderly is increasingly common and present in the home environment facing a scenario of population aging linked to the increase in the number of elderly with some degree of dependence that requires constant care. It
is noteworthy, however, that the family caregiver's role is full of challenges and limitations, being evidenced that they face a series of problems during the home care of the dependent elderly, ranging from health problems (physical and mental exhaustion) to lack of support and preparation to perform this role.8-10 Therefore, it is essential to identify and know the difficulties and needs of these caregivers in the home environment.

It is recognized, therefore, that it is necessary to monitor the caregivers, to know their attributions and activities performed with the dependent elderly in the home environment and to identify the real difficulties and needs when facing this care.

It is suggested, therefore, the need for the development of studies that reveal these factors, considering the growth of the elderly population, being, therefore, more frequent the caregivers' performance, therefore, knowing their limitations in caring for the elderly at home favors future interventions that minimize these problems and ensure the quality of care. It is justified, in view of the above, that this integrative review is crucial, since it gathers data on this theme and contributes to the scientific community and to society.

**OBJECTIVE**

To identify the difficulties and needs of caregivers facing the daily care provided to the dependent elderly at home.

**METHOD**

This is a bibliographical, descriptive, integrative review type study, whose construction process was based on six stages 11: 1. Elaboration of the guiding question; 2. literature search or sampling; 3. data collection; 4. critical analysis of the included studies; 5. discussion of results and 6. Presentation of the integrative review. All these steps were followed for the elaboration and presentation of this study.

The PICO strategy was used to carry out the guiding question of this research (P: Elderly caregivers; I: Difficulties and needs of caregivers; Co: Home), thus, the following question was used as a guiding axis: "What are the difficulties and needs of caregivers of dependent elderly people in home care in Brazil?".

The search and sampling of publications was carried out in January and February 2020, not previously establishing a temporal space to search for the research, including the studies found from the first work, in the year 2005, until the last one, in the year 2019.

The survey of articles was conducted in the following online databases and virtual library: Latin American and Caribbean Literature on Health Sciences (LILACS); Nursing Databases (BDENF) and
Scientific Electronic Library Online (SciELO), using the following standardized descriptors as Health Science Descriptors (DeCS) and Boolean operators: Caregivers AND Elderly AND Health education AND Home.

Twenty-three articles were found in the BDENF database; of these, eight were not available, two were repeated, and 11 articles were excluded for not meeting the study proposal, selecting two articles for this review. In LILACS, seven articles were searched, six in Portuguese and one in Spanish, excluding one article in Spanish, two that were not available in full, one that was repeated, being pre-selected for reading three articles, but, of these, only two responded to the objective of the study and were selected to compose the analysis of this review. It should be added that the search in SciELO Virtual Library resulted in four studies, three in Portuguese and one in English, and, after screening the studies, only two that met the proposal of this review were included.

After this selection, six articles remained, which made up the research sample. All the selected studies were read in full and evaluated to see if they answered the research's guiding question and fit the established inclusion criteria.

Inclusion criteria were as follows: original primary articles published in Portuguese, free online, with full text; scientific studies that met the review objective, addressing the research theme. We excluded scientific articles that were not located in their entirety in the search addresses, repeated in the consulted databases, and these were computed only once for analysis. Figure 1 shows the article selection process.

The following were considered for the hierarchical classification of evidence to assess the studies: 1 - systematic reviews or meta-analysis of relevant clinical trials; 2 - evidence from at least one well-designed controlled randomized clinical trial; 3 - well-designed clinical trial without randomization; 4 - well-designed cohort and case-control studies; 5 - systematic review; 6 - evidence from at least one of the qualitative or descriptive studies; 7 - opinions of authorities or expert committees, including interpretations of information not based on research.
For the data analysis of the selected studies after the selection of the articles pertinent to the objective of this review, the extraction and tabulation of the following data were considered: title of the article; year; authors; objective; nature of the study; region of the study; databases; periodical and level of evidence of the study. The presentation of the results and the discussion of the data obtained in a descriptive way were carried out, seeking to highlight and identify the difficulties and needs of caregivers of dependent elderly in home care in Brazil.

**RESULTS**

Six articles were gathered in this review and, of those, two were indexed in the BDENF databases, two in LILACS and two in SciELO Virtual Library, and the years of publication of the studies were: 2005; 2006; 2007; 2017; 2018 and one in 2019. Regarding the journals, each article was published in different journals: Journal Research Fundamental Care Online; Revista Latino-
Regarding the nature of the studies, two were qualitative, one quantitative, one mixed, one an experience report and one quasi-experimental.

With regard to the region where the research was carried out, it is pointed out that there was a higher concentration of such studies in the South region, with three articles, followed by the Midwest and Southeast regions, each with one article. Regarding the level of evidence, it was observed that most of the productions analyzed presented, in the evaluation, three.

Regarding the analysis of the information about the caregivers' characteristics of the six articles included in the review, the following data were verified: the elderly caregivers of the analyzed articles were mostly female, from their own family, being mainly the daughters or wives of the dependent elderly. It was observed, on the caregivers' schooling, that most of them had incomplete elementary school, described in the articles as incomplete first grade and, from the six selected articles and from all the caregivers included (163) in those articles, only two reported to have reached high school.

It was evidenced that the most prevalent diseases in the elderly public requiring care were Diabetes Mellitus (DM), as the most prevalent in the elderly, cited in five articles, followed by Systemic Arterial Hypertension (SAH), present in four studies, depression, prostate cancer, Chronic Obstructive Pulmonary Disease (COPD), asthma and osteoporosis, all cited in two articles, and the diseases that were cited only in one article were: Stroke; dementia; Alzheimer's and epilepsy, as shown in figure 2.

It is highlighted that one of the points investigated in the articles of this review were the difficulties and needs reported by the caregivers facing the assistance provided to the elderly at home. In this sense, it is inferred that all caregivers of the six articles evaluated highlighted difficulties inherent to daily care, mainly related to basic activities, namely: oral and bodily hygiene; feeding; locomotion, especially in bedridden elderly; bathing (bed and shower); changing clothes and diapers; care with medications; and exercises, as shown in figure 3.
<table>
<thead>
<tr>
<th>ID</th>
<th>Year</th>
<th>Objective</th>
<th>Design/Evidence</th>
<th>Journal</th>
<th>Morbidities of the elderly</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>2019</td>
<td>To identify the main difficulties encountered by informal caregivers of the elderly at home, registered in the Family Health Program, in the city of Bambuí-MG.</td>
<td>Cross-sectional, quantitative/IV study</td>
<td>Research Journal, Care is Fundamental on line</td>
<td>Systemic Arterial Hypertension (SAH), depression and Diabetes Mellitus (DM).</td>
</tr>
<tr>
<td>A2</td>
<td>2017</td>
<td>To identify the felt and normative needs of the main family caregivers in the instrumental support to elderly people registered in a Home Care Program in a Basic Health Unit in Southern Brazil.</td>
<td>Mixed exploratory, observational and qualitative study/IV</td>
<td>Latin American Journal of Nursing</td>
<td>Systemic Arterial Hypertension (SAH), Stroke, Dementia and Diabetes Mellitus (DM).</td>
</tr>
<tr>
<td>A3</td>
<td>2005</td>
<td>To present and discuss a health education program for home-based elderly caregivers.</td>
<td>Experience Report/VI</td>
<td>Journal of USP's School of Nursing</td>
<td>Diabetes Mellitus (DM), depression, Alzheimer's disease and epilepsy.</td>
</tr>
<tr>
<td>A4</td>
<td>2006</td>
<td>Identify the health education needs for lay caregivers of the elderly at the home level.</td>
<td>Exploratory, descriptive and qualitative study/IV</td>
<td>Catarinense Archives of Medicine</td>
<td>Diabetes Mellitus (DM), Systemic Arterial Hypertension (SAH), prostate neoplasm, Chronic Obstructive Pulmonary Disease (COPD), asthma and osteoporosis.</td>
</tr>
<tr>
<td>Year</td>
<td>Study Title</td>
<td>Design</td>
<td>Journal</td>
<td>Morbidities</td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
<td>--------</td>
<td>---------</td>
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<td></td>
</tr>
<tr>
<td>2007</td>
<td>Identify and classify the health and education needs, presented by family caregivers of the elderly, based on the International Classification of Collective Health Nursing Practice (ICNPC).</td>
<td>Exploratory, descriptive and qualitative study</td>
<td>Text and Context in Nursing</td>
<td>Diabetes Mellitus (DM), Systemic Arterial Hypertension (SAH), prostate neoplasm, Chronic Obstructive Pulmonary Disease (COPD), asthma and osteoporosis.</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>To compare knowledge, attitude and practice of caregivers of older adults in the domains of caregiver-elderly helping relationship, feeding, bathing and hygiene, mobility and transferring, before and after an educational intervention.</td>
<td>Quasi-experimental study</td>
<td>Brazilian Journal of Nursing</td>
<td>Not informed</td>
<td></td>
</tr>
</tbody>
</table>

Figure 2. Distribution of articles included in the sample, according to year, objective, design, evidence of the study, periodical and the morbidities of the elderly. Coari (AM), Brazil, 2020.
It is noteworthy that another point highlighted in common in three articles (A3, A4, A5) was about the caregivers' difficulties in knowing about the diseases that most affect the elderly, which, according to the articles, are the CNCDs. It is important to point out that the other difficulties were found isolated in the articles and illustrated in figure 3.

In relation to the needs of caregivers of the elderly, it was perceived in the articles A3, A4, A5, A6, A7, A8 common reports about the need to receive orientation about basic care such as: learning to perform care such as body hygiene; learning about food, medicine, exercise; knowing about diseases.

Other aspects highlighted in the articles are (A1, A4, A5, A6, A7) about the caregivers' needs: the need to take a caregiver's course; to receive support; health education and training. The limitations experienced by the caregivers regarding the care provided are evidenced by all these points, and they reported the importance of means to alleviate these daily deficiencies by means of obtaining information about the magnitude of the act of caring.

It was also verified, regarding the caregivers' needs, some situations related to the impacts of the integral care to the elderly for the caregivers' lives. It was highlighted by A1, the caregivers' reports about the need to have a good quality of "sleep" and to have "leisure activities", while A2 pointed out the full dedication to the care and the impaired social interaction, which refers to the importance of understanding these needs in order to implement interventions directed to this public. Other needs are detailed in figure 3.

It is pointed out, regarding the interventions inherent to the difficulties and needs of the care highlighted to improve the assistance to the elderly by the caregiver, that the six articles approached important cares that the caregiver needs to know when facing the development of his/her daily activities. It is revealed that the articles A1, A3 and A4 were less detailed in describing the necessary interventions, highlighting only the need to obtain sufficient information about the disease/treatment of the elderly, support from health care professionals, information about the aging process and old age, the role of the family caregiver, and others, as described in figure 4.

It was observed, on the other hand, that articles A2, A5, and A6 provided a thorough description of the interventions necessary to address the difficulties of caregivers in caring for the elderly (Figure 4).
<table>
<thead>
<tr>
<th>Code</th>
<th>No. of caregivers</th>
<th>Difficulties</th>
<th>Needs</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1^3</td>
<td>70</td>
<td>Difficulty in dealing with the cognitive changes of the elderly; Difficulty in performing basic care: hygiene, feeding, and locomotion.</td>
<td>Needs related to orientation provided by health professionals at the Basic Health Unit (BHU); Need to have a good quality of sleep; Need to take a caregiver performing course; Need to have a leisure activity.</td>
<td>Obtain sufficient information about the disease/treatment; Receive orientation provided by health professionals from the Basic Health Unit (BHU).</td>
</tr>
</tbody>
</table>
Difficulties related to bed bath and shower bath; Difficulties dressing and changing diapers of the elderly; Difficulties regarding the care of medications.

Bed Bath: 1. Protect your hands with rubber or disposable gloves; 2. Rinse with clean water and dry them well (especially the intimate parts, knee creases, elbows, under the breasts, armpits and between the fingers).

Shower: 1. Pay attention to properly clean the genital region; 2. Use appropriate or adapted equipment for bathing (support bars, non-slip mat, chair); 3. Stimulate, guide, supervise and help the person being cared for to do her hygiene. Do what he/she can’t do; 4. Dry the intimate parts, folds of the knee, elbows, under the breasts, armpits, and between the fingers thoroughly.

Getting dressed: 1. Clothes are easy to put on, comfortable and suitable for the climate; 2. Know that when dressing and undressing the person who has a compromised limb, it is advised to put the sleeve on the affected limb first and, when removing the clothes, remove them from the healthy limb first.

Changing diapers: 1. Wash hands before and after changing; 2. Wash and dry them properly; 3. Try to change diapers in an
Difficulty related to feeding; Difficulty due to the elderly's resistance to care; Difficulty due to the inadequate environment for better care; Difficulty related to the lack of knowledge for care; Difficulty in distinguishing between an organic need and an emotional need due to lack of affection; Difficulty in how to deal with the sick person (elderly).

Need to have transportation to services available; Need to learn how to perform care such as body hygiene and feeding; Need to know the characteristics of some diseases; Need to broaden their general knowledge and, in particular, about the elderly. Need to receive information, orientation, referral and support services from health care professionals; Addressing the following factors to the caregivers: 1. the aging process and old age; 2. the role of the family caregiver; 3. most common diseases in old age; 4. sleep disorders; 5. use of medication; 6. Basic notions of hygiene; 8. clothing and skin care; 9. instability and falls; 10. transfers and environmental adaptations; 11. abuse and mistreatment; 12. interpersonal relationships - attention to privacy, for effective communication.
Difficulty in performing oral and bodily hygiene (mainly, bathing); Need to know about diseases, medications, diet, and exercise.

Need to acquire material to provide care; Need for support and health education for caregivers; Receive orientation about diseases, medicines, diets, and physical exercises. Receive basic orientation about health, thus promoting health knowledge about diseases, medications, diet, and exercise.

Difficulty in knowing about diseases, medications, diet, and exercise.
Difficulty in knowing about diseases, medications, and diet;
Difficulty in performing the bathing of an elderly person with impaired mobility;
Difficulties in controlling hypertension and diabetes mellitus and the use of medications;

Knowledge about the diseases, medications, and diet.

Chronic pain: nutritional information emphasizing calcium and vitamin D intake;
Partial immobility: maintain the use of a chair for bathing;
Breathing problems: guidance on the importance of regular fluid intake. Information about care to obtain improved ventilation and the behaviors to be adopted in crisis episodes.
Difficulty sleeping: know the difficulties that hinder your sleep.
Blood pressure controlled by medication: constant search for the maintenance of care for BP control;
Diabetes controlled by medication: maintain a good diet for the health and maintenance of controlled diabetes; maintain alternate days of capillary blood glucose monitoring.
Impaired hearing acuity: keeping the elderly person in the middle of social interaction and the chances of possible alienation due to hearing difficulties.
Partial Immobility: provide periods of rest to ensure greater responsiveness in daily activities that require physical mobility.
Difficulty

Need to receive support from family members and health care professionals; feeding, bathing, hygiene, mobilization and transference.

Need to have received training, necessary orientations to health care.

Feeding:
1. Identify chewing and swallowing difficulties (coughing and choking) as common problems related to feeding;
2. Agree to follow the dietary recommendations and meal times, prepare the meal setting so that the elderly can serve themselves and encourage them to eat with their own hands, if they are able to do so;
4. Control the elderly's feeding (quality, quantity and time), position them properly and observe if they have difficulty chewing and swallowing.

Bath and Hygiene:
1. The frequency of bathing depends on health status and hygiene needs, but that oral hygiene should be performed upon waking and after each meal. Recognize the risk of falls during bathing and the importance of carefully drying the feet to avoid mycoses and exercising them to prevent atrophy.
2. respect and guarantee the privacy of the elderly, investigate the reasons for resistance to bathing, encourage them to dress or remove their own clothes, and allow them to choose their hygiene products and clothing, when they are able to do so.
Figure 3. Difficulties, needs and interventions addressed in the selected articles. Coari (AM). Brazil, 2020.
The articles A2\textsuperscript{14} and A6,\textsuperscript{18} found common interventions on bathing the dependent elderly, with various proposed interventions, among which the following stand out: pay attention to correctly sanitize the genital region; dry the intimate parts, knee creases, elbows, under the breasts, armpits, and between the fingers thoroughly; and the frequency of the bath will depend on the health condition and hygiene needs of the elderly person being cared for. Other care is detailed in figure 4.

**DISCUSSION**

In the six articles of this review, the characteristics of the caregivers of dependent elderly individuals in the home environment were evaluated, and thus, female caregivers prevailed, usually daughters or wives of the dependent elderly individuals. This finding corroborates what is highlighted in studies conducted with caregivers, who attributed the role of women in caring for the family, for being more welcoming, and this fact is predominant in society over the years; therefore, women are the majority of caregivers of the elderly in studies that evaluated the profile of caregivers in relation to gender.\textsuperscript{8, 19-21}

It was verified that the caregivers' level of education found in the articles of this review was low, according to some studies already conducted.\textsuperscript{21-2} It was concluded in a survey of 71 caregivers that 39.2% had incomplete primary education and 25.2% were illiterate.\textsuperscript{23} It is understood that knowing the level of education of caregivers is important, since it guides the planning of an effective approach that can be easily understood in the act of health education or any educational method involving the public.\textsuperscript{24}

A high prevalence of CNCDs was observed in the elderly of the articles selected in this review, as one of the main causes of illness and dependence. It is evident that CNCDs represent a growing phenomenon, prevalent mainly in the elderly, responsible for high rates of death and disability, however, the impacts can be minimized through the implementation of strategies aimed at promoting health and improving care for patients through a multidisciplinary approach that involves the family, the caregiver and the elderly in order to promote care, highlighting the importance of involving the family and caregivers in the process of caring for the elderly with CNCDs.\textsuperscript{25-6}

It is pointed out that all the diseases present in the elderly of the articles evaluated, linked to the aging process, plus the way of life of this public and other factors, were responsible for making them dependent on care, requiring the help of another person: the caregiver.

It is known that aging, added to other factors, such as chronic degenerative diseases, may cause limitations in the autonomy of the elderly and affect the development of their daily activities.
Thus, it is understood that the elderly need support from family and health professionals, and the help of people who help them in the provision of care related to daily activities, such as formal or informal caregivers, is crucial, making evident the need for these caregivers to be trained to improve the provision of care for the elderly at home, favoring the quality of life of their dependents.27-8

It was verified that the people responsible for providing care to the elderly, the caregivers, present countless limitations and challenges. In this sense, the studies discussed the difficulties and needs of caregivers regarding the care of the elderly dependent at home, mentioning numerous needs, especially for guidance on basic daily activities, demonstrating the importance of caregivers receiving help and having access to information on how to perform, in a safer way, the daily care provided to the elderly, revealing the need for health education.10,29-31

It is considered that home care represents a favorable option, especially for vulnerable individuals, such as the elderly with disabling diseases, however, in this scenario of home care is the figure of a person who is responsible for taking charge of daily care, usually a family member, who often is not prepared to assume this responsibility, with little or no experience of how to care for a dependent person, surrounded by difficulties.28,32

Another problem is the fact that the responsibility of caring for the elderly person falls on a single person, usually a single family member, without the support and collaboration of other family members, generating physical and emotional overload, therefore, home care presents itself, for the caregiver, as an environment surrounded by doubts and anxieties regarding the act of caring.33-4

In one study it was registered that the caregivers did not feel valued and recognized for the services rendered to the dependent family member, besides presenting limitations in the daily care performed, revealing the need to know where to seek support, as well as to receive educational support, besides lacking financial support, once the family caregivers left their jobs to dedicate themselves to caring for the dependent one.35

It is recognized that caring for the dependent elderly at home is an increasingly frequent reality and, if there is no family reorganization, it can generate overload for a single person, in this case, for the main caregiver. It was verified that most of the elderly included in a research were dependent, and this fact was responsible for generating greater attention and care demand from the caregivers, recording that 87.2% of the caregivers presented severe overload due to the frequent exposure to the care demands and other tasks at home; moreover, the caregivers reported the presence of diseases such as hypertension (44.3%) and diabetes (13.4%) and, in view of this, the authors concluded suggesting the need to follow up these caregivers through new researches.36
The study raised numerous difficulties reported by caregivers and that they presented limitations regarding the appropriate behaviors to be provided in elderly care, being demonstrated, on the part of these caregivers, interests in receiving guidance and training related to basic care such as nutrition, physical activity, prevention of falls and others. It is emphasized, in this sense, that the development of educational technologies facing these needs may be a viable alternative.

The importance of directing specialized attention and understanding the needs of both the caregiver and the elderly is evident, so that care planning can be done to address these needs by developing tools that provide the necessary support and information to empower caregivers to perform their role more effectively.

It is pointed out that the main caregivers of dependent persons in the home environment are people from their own family environment, and it is common for them to experience feelings of stress, psychological and emotional suffering, social isolation, financial difficulties, and shaken physical and mental health as a result of care provision; Therefore, the act of caring for a dependent person directly implies the quality of life of caregivers, which highlights the need for social and psychological support programs for caregivers to help them deal with the anguish associated with caring for a dependent person, and it is important for health professionals to identify the needs of caregivers as well as the problems they face and refer them to appropriate services.

It is emphasized that national and international findings on the difficulties and needs of caregivers in the home environment and the impacts on the caregiver’s health are important topics to be researched and debated, and further studies are needed to highlight the weaknesses of care in the home environment in order to discuss measures to minimize them, for example, the development of educational technologies for caregivers and other necessary.

A limitation of this review is the access to only two databases and one virtual library, in addition to the possibility that, based on the inclusion criteria, some articles on the theme were not selected for the delimited research period. It is important to note that the search process was extremely rigorous, especially with regard to the articles selected.

**CONCLUSION**

It was found, according to the articles selected for this review, that there were numerous difficulties of caregivers related to the development of daily care with the dependent elderly and that they often present inadequate behaviors, requiring guidance on these activities. It is concluded, by means of this review, that it was possible to know and understand the caregivers’
difficulties and some of the interventions that the studies evaluated presented to improve the daily activities regarding the care given to the elderly with some dependence in the home environment.

It was verified, by reading the six articles included in this review, that all caregivers needed orientation, but they did not receive it. It is revealed that there is a deficiency of attention from professionals working in primary care to the difficulties and needs of caregivers, and it is evident that they need training and health education to improve care for the elderly; however, for interventions to occur in front of these difficulties, professionals need to understand the needs of family caregivers to implement them through guidance on the appropriate conduct to be taken.

**CONTRIBUTIONS**

All authors contributed equally in the conception of the research project, data collection, analysis and discussion, as well as in the writing and critical review of the content with intellectual contribution and approval of the final version of the study.

**CONFLICT OF INTERESTS**

Nothing to declare.

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**REFERENCES**


4. Rizzardo JA, Bervian J, Cavalcanti G, Alves ALS. Prevalência de doenças crônicas em idosos atendidos na área de abrangência da estratégia saúde da família no interior do RS. Estud
5. Luz KPS, Coronago VMMO. Parkinson’s disease in the elderly and the relationship with their quality of life. Id on Line Ver Psic. 2017 May; 11(35):116-36. DOI: 10.14295/idonline.v11i35.720


22. Anjos KF, Boery RNSO, Bacelar K, Rosa DOS. Responsibilities for the care with the dependent elderly in the household. Rev Baiana Enferm. 2020; 34:e34893. DOI: 10.18471/rbe.v34.34893


26. Martins NFF, Abreu DPG, Silva MRS, Lima JP. Nursing scientific production on noncommunicable diseases in the elderly: relationships with health needs, research priorities in Brazil and nursing work. Research, Society and Development. 2020 Dec; 9(3):e52932336. DOI: 10.33448/rsd-v9i3.2336


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