86 - THE OVERLOAD OF ELDERLY CAREGIVERS IN THE COVERAGE AREA OF SCHOOL UNIT AREA

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INTRODUCTION

The longevity is undoubtedly a triumph and, in developing countries, in this case Brazil, this process took place at an accelerated rate, changing the demographic and epidemiological profile of brasilian population.

If on one hand the increased longevity is considered a social and health achievement, marking the need for better living conditions, on the other, population aging is viewed with concern because older people are affected by diseases and chronic diseases, which tend to manifest significantly in older age and often are associated with comorbidities. (BRAZIL, 2007).

In this sense, Neri (2006) says that aging, when accompanied by chronic diseases, can cause limitations, causing the dependence of the person. Thus, Goncalves et. al. (2006) reports that this care is usually provided by family and / or community, being the domicile the natural sociocultural space.

Neri (2006) reports that family caregivers are part of the informal support network or even acting voluntarily and without payment as formal networks of support are those provided by professionals, whether at home or in short or long stay institutions. Basically the difference between informal support system is in fact of not including professionals and formal support system is marked by the presence of these professionals.

In short, it is necessary for the caregiver, both formal and informal, is responsible and maintain self-care in order to preserve their health and keep the quality of life, and this should be prioritized by government agencies, health and society to strengthen this relationship of care (PARANA, 2009).

In this sense, the objective of this research was to identify the burden on caregivers, who provided the care of bedridden elderly and describe the profile of the same in the catchment area of School Health Unit on Cascavel-PR.

MATERIALS AND METHODS

Search field, descriptive and exploratory, whose participants were caregivers of bedridden elderly in the catchment area of the Health Unit School in the city of Cascavel, PR. Inclusion criteria were: to be the primary caregiver; caring for a person aged above 60 years; both female and male and the elderly should present caregiver dependence to perform at least one Instrumental Activities of Daily Living (IADL) or Activities of Daily Living (ADL). Accordingly, were excluded caregivers whose seniors showed no dependency of them and/or the subjects who refused to participate.

For data collection, there was a personal interview in April 2014 with implementation of an instrument containing 29 questions, and of these, seven (7) questions refer to the characterization of caregivers and twenty-two (22) on the evaluation of caregiver burden, applying the Zarit Scale. The range of responses ranging from 0 to 4, according to the presence or the intensity of a positive response (0 = never, rarely = 1, sometimes = 2, frequently = 3 and always = 4). The exception is the last question, in which the respondent is addressed as the burden on the caregiver role and the answers can be: not at all = 0 a bit = 1, moderate = 2, a lot = 3, extremely = 4. There are no right or wrong answers (BRAZIL, 2007).

The data were recorded and tabulated as evaluation of the results: a score between 0 to 20 is considered little or no overhead; 21-40 = mild to moderate load; 41-60 = moderate to severe load; 61-88 = severe load (CAREGIVER BURDEN SCALE, 2002). The total score ranges varies from 0 to 88 being the highest score the caregiver burden.

The research project was submitted to the Ethics Committee of the University Paranaense (UNIPAR) and approved under number. 166 809 06 December 2012. It should be noted also that all participants signed the Informed Consent (IC).

RESULTS AND DISCUSSIONS

During the data collection ten caregivers were identified, who provided care for bedridden elderly in the catchment area of School Health Unit on Cascavel-PR. Regarding the profile of caregivers surveyed, all were women, these age group ranged from 36 to 82 years, yielding an average of 63.3 years for the caregivers..

According to Gutierrez; Minayo (2010) the woman assumes all symbolic load of happiness and/or unhappiness of family members, inclusive assumes the education and success of their children and spouse. However, when it comes to health care, women play an important role and in general almost always respond on behalf of the family.

It is known that increasing life expectancy does not occur uniformly in both sexes. However Chamowicz (2006) states that the differentials sex mortality that favor women since the early years of life, result in the proportion of women be higher than for men in all age groups after infancy.

As to the age group of caregivers, there was an oscillation of age, being the youngest 35 and the oldest 84 and the two groups with the most caregivers are aged 35-59 years and 65-69 years. It should be noted 60% of caregivers are 60 or older, this is alarming, because it is older people caring for the elderly, so they may show changes in functional capacity and still provide care without knowledge, often assuming responsibility for lack of choice. Ribeiro et. al (2008) states that age is an important aspect in caregiver activity because it requires physical effort especially when the elderly are dependent for Activities of Daily Living.

As to marital status, 40% of caregivers were married, 40% widowed and 20% were single. The result can be explained as a result of variation between the age groups of the same. Ribeiro et. al (2008) states that there is a gap in the literature regarding the data on the marital status of elderly caregivers, making it impossible to compare results obtained in this research. However the results suggest that the caregivers accumulate the function of taking care with the daily activities, getting overloaded because they often assume alone the responsibility for the care (BRAZIL, 2008).

As for the caregivers kinship degree it was detected that 90% are exercised by the family, namely, daughters, mothers, sister and his ex-wife, considered high percentage, so the onus is on the first-born, only 10% is formal caregiver . It is noteworthy that the closer family relationships are, the greater the emotional bonds, which adds the provision of assistance to disabled elderly and increases the cost to the family, increasing the family budget, beyond those already scheduled.

Diogo; Duarte (2006) states that it is not up to the caregiver to interpret the multiple technical guidance and transforms them into actions, and the multidisciplinary team often forget that the caregiver is secular and not employee submissive their orders. It notes that the nurse along with the staff of Primary Care should discuss the needs of care met in each case and how best

to modify the essential guidelines in feasible actions by a layman.

Fonseca; Penna (2008) states that the psychological side is also greatly affected, since attention has to be divided, which overloads the caregiver, increasing depression and physical problems. This caution comes from generations, parents take care of the children when small, now it's time of the children to take care of familiar with addiction, it's like a must and has to be respected.

With respect to compensation, the results indicate that 90% of caregivers were unpaid and only 10% receive 3-4 minimum wage. As previously mentioned, Neri (2005) states that family caregivers are part of the informal support system, or who work voluntarily and without payment. While the formal support systems are those provided by professionals, whether at home or in short or long-stay institutions.

Assessing education, 70% of them do not have eight years of study. According to Nakatani et. al. (2003), low schooling interfere, directly or indirectly, in providing care for the elderly, because a drop in quality of service, when the caregiver needs to follow diets, prescriptions and handle drugs requires reading prescriptions, understand the dosage and route of administration, among others.

The results of each item related to caregivers as the Zarit scale assesses the burden on them, through issues related to the presence of feelings in several aspects, manifest by caregivers towards the family. Therefore, 60% ask for more help than he/she needs, 50% feel that because of the elderly he/she does not have enough time for him/herself and 40% felt stressed whenever between the care given to the elderly and the other responsibilities with family and work.

With regard to the old behavior, only 10% reported feeling ashamed and 10% sometimes, while 80% of caregivers reported never feel ashamed. But they were unanimous in saying that never feel angry or tense when the senior is nearby.

Among the caregivers, 10% felt that the elderly negatively affect his/her relationships with other family members or friends and 90% report that their family always depended on them and felt they always expect to be care for them as if they were the only people that the elderly could count or depend on.

The caregivers reported, in 10%, which always feel uncomfortable to receive visits at home, while 30% report feeling that they had no privacy because of the family. When considering the capacity to care, 30% of caregivers feel unable to care for your family any longer and reported having lost control of his life since the beginning of the elderly disease, it is noted that all caregivers said they would not want someone else to look after him.

However, 50% say they should do more for the elderly, but 40% feel that have not enough money to care the elderly adding to their other expenses, and 80% feel fear for the future of the elderly. In short, when the caregivers performed their self-assessment about overloading (n = 10), 40% considered to have little or no overhead, 10% points to have mild to moderate load and 50% with moderate to severe load. From a general analysis, it is apparent that the highest concentration of caregivers are with moderate to severe overload.

Santos (2005) states that, in the context of dependent elderly, the aspects that cause more overhead are related to the need to repeat the same things again and again to the same guidelines, be patient, understand the attitudes and behaviors of the elderly and handle changes in social behavior.

The author further states that care for the elderly with dependence is associated with a deterioration of physical and mental health, which translates in terms of overhead. In an effort to reduce the burden and assist these caregivers, it is necessary that the health teams promote guidance and clarification as to what the elderly have and the best ways to carry out activities related to the care in the home. In addition, professionals must take into consideration that the family gets involved much with the problem of the elderly attending, needing to share their doubts and anxieties. It's important to be available to hear these caregivers because they consider the nursing staff an important source of support.

CONCLUSION

Perform the task of caring for a dependent elderly in the household awakens various feelings that are experienced by caregivers daily. Even with the burden of care and responsibility caregivers are relieved for doing their social role to care for them who always took care of them. Caregivers, beyond comprehension, is essencial the support from health professionals, especially nursing, so that they are able to reconcile the care given to their personal needs, experiencing with less difficulty falling ill condition, dependency and fragility of the elderly.

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THE OVERLOAD OF ELDERLY CAREGIVERS IN THE COVERAGE AREA OF SCHOOL UNIT AREA

ABSTRACT

The research aimed to identify the burden on caregivers who provide care for bedridden elderly and describe the profile of the same in the catchment area of the Health Unit School in the city of Cascavel, PR. The sample was consisted of ten caregivers, who provided care for bedridden elderly and the data collection was based on the Zarit Scale, consisting of twenty-two (22) locked items, encompassing the assessment of perceived impact on physical and emotional health, social activities and financial condition. The scale was applied to the caregivers in the second half of April 2014. According to the results found in the survey, the age group of them ranged from 36 to 82 years with a mean of 63.3 years, predominantly female, 40% of these caregivers were married, 40% widows 20% single women and 70% do not have eight years of study. It was found that 90% of care are exercised by the family and only 10% is formal caregiver and receive 3-4 times the minimum wage. In the evaluation of the degree of overload of the group of caregivers (N = 10) 40% consider little or no overhead, 10% mild to moderate load and 50% load with moderate to severe. Therefore, health teams that deal with older people should turn his gaze not only for the provision of specialized services to those people, but also for the care of family caregivers.

KEYWORDS: Seniors, caregivers, stress.

LA SURCHARGE DES TUTEURS DE SENIORS DANS LE DOMAINE D'INCLUSION DE L'UNITÉ SANTÉ ÉCOLE

RÉSUMÉ

la recherche vise identifier la surcharge des tuteurs, qui ont rendu le soin pour des seniors alités et aussi décrire le profil des mêmes dans le domaine d'inclusion de l'Unité de Santé École de la ville de Cascavel-Paraná. L'échantillon a été composé par dix tuteurs, qui ont rendu le soin pour des seniors alités et le ramassage de données a été basée dans l'Échelle de Zarit, constituée par vingt-deux (22) articles fermés, y compris l'évaluation de l'impact remarqué de la santé physique et émotionnelle, des activités sociales et des conditions financières. L'échelle a été appliquée aux tuteurs dans la deuxième quinzaine du mois d'avril 2014. D'accord avec les résultats trouvés dans la recherche, la tranche d'âge des mêmes reste entre 36 à 82 ans avec la moyenne de 63,3 ans, le sexe féminin est prédominant, de ces 40 % des tuteurs ont été mariés, des veuves sont 40 % et des femmes célibataires 20 % , 70 % d'entre eux n'ont pas huit ans d'étude. Il a été détecté que 90 % du soin sont exercés par des familiaux et seulement 10 % sont des tuteurs formels et il reçoit de 3 à 4 salaires minimaux mensuels. Dans l'évaluation du degré de la surcharge du groupe des tuteurs (n =10), 40 % considèrent que ils ont peu ou aucune surcharge, 10 % légère ou modéré et 50 % surcharge modérée à grave. En y ressemblant, que les équipes de santé qui travaillent avec les personnes âgées devrait retourner son coup d'oeil non seulement pour les services rendus spécialisés, mais aussi pour la présence des parents responsables pour leur soin.

MOTS-CLÉS: Senior, Tuteurs, Stress.

LA SOBRECARGA DE LOS CUIDADORES DE ANCIANOS EN EL ÁREA DE INFLUENCIA DE LA UNIDAD DE SALUD ESCUELA

RESUMEN

La investigación tuvo como objetivo identificar la sobrecarga en los cuidadores, que prestaban el cuidado a ancianos acamados y describir el perfil de los mismos en el área de influencia de la Unidad de Salud Escuela do municipio de Cascavel-PR. La muestra fue compuesta por diez cuidadores, que prestaban el cuidado a ancianos acamados y la colecta de datos fue basada en la Escala de Zarit, constituida por veintidós (22) ítems cerrados, englobando la evaluación del impacto percibido sobre la salud física y emocional, actividades sociales y condiciones financieras. La escala fue aplicada a los cuidadores en la segunda quincena del mes de abril de 2014. De acuerdo con los resultados encontrados en la investigación, la franja etaria de las mismas varió de 36 a 82 años con promedio de 63,3 años, con predominio del sexo femenino, de estas, el 40% de las cuidadoras estaban casadas, el 40% viudas y el 20% solteras y el 70% de ellas no tienen ocho años de estudio. Fue detectado que el 90% del cuidado es ejercido por la familia y apenas el 10% es cuidadora formal y recibe de 3 a 4 sueldos mínimos mensuales. La evaluación del grado de la sobrecarga del grupo de cuidadores (n=10), el 40% se considera con poca o ninguna sobrecarga, el 10% con carga liviana a moderada y el 50% con carga de moderada a grave. Siendo así, los equipos de salud que lidian con personas ancianas deben volver su mirada no solamente a la prestación de servicios especializados a esas personas, pero también a la asistencia de los familiares responsables por los cuidados.

PALABRAS-CLAVE: Ancianos, Cuidadores, Estrese.

A SOBRECARGA DOS CUIDADORES DE IDOSOS NA ÁREA DE ABRANGÊNCIA DA UNIDADE DE SAÚDE ESCOLA

RESUMO

A pesquisa objetivou identificar a sobrecarga nos cuidadores, que prestavam o cuidado para idosos acamados e descrever o perfil dos mesmos na área de abrangência da Unidade de Saúde Escola do município de Cascavel-PR. A amostra foi composta por dez cuidadores, que prestavam o cuidado para idosos acamados e a coleta de dados foi embasada na Escala de Zarit, constituída por vinte e dois (22) itens fechados, englobando a avaliação do impacto percebido sobre a saúde física e emocional, atividades sociais e condições financeiras. A escala foi aplicada aos cuidadores na segunda quinzena do mês de abril de 2014. De acordo com os resultados encontrados na pesquisa, a faixa etária das mesmas variou de 36 a 82 anos com média de 63,3 anos, com predomínio do sexo feminino, destas 40% das cuidadoras eram casadas, 40% viúvas e 20% solteiras e 70% delas não têm oito anos de estudo. Foi detectado que 90% do cuidado são exercidas pela família e apenas 10% é cuidadora formal e recebe de 3 a 4 salários mínimos mensais. Na avaliação do grau da sobrecarga do grupo de cuidadores (n=10), 40% considera pouca ou nenhuma sobrecarga, 10% carga leve a moderada e 50% com carga moderada a grave. Sendo assim, as equipes de saúde que lidam com pessoas idosas devem voltar seu olhar não somente para a prestação de serviços especializados a essas pessoas, mas também para a assistência dos familiares responsáveis pelos cuidados.

PALAVRAS-CHAVE: Idosos, Cuidadores, Estresse.