



Quality of life of graduates of the Caregivers of the Elderly course*

Qualidade de vida de egressos de curso de Cuidadores de Idosos

Calidad de vida de egresados de un curso de Cuidadores de Ancianos

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ABSTRACT

Objective: To evaluate the quality of life for graduates of the course, Caregivers of the Elderly. **Methods:** A cross-sectional study conducted at the Caetano Munhoz da Rocha Training Center for Human Resources in the state of Paraná. The sample consisted of 59 graduates who responded to the WHOQOL-BREF questionnaire, from the World Health Organization. **Results:** Most caregivers were female, with a mean age of 39.9 ± 10.8 years, married or living as married, and had completed high school. The graduates assessed had better quality of life in the social relationships domain ($75.6 + 16.9$), followed by psychological (71.4 ± 13.2), physical (69.1 ± 14.2) and environmental (58.6 ± 11.6) domains. **Conclusion:** The study revealed important aspects of caregivers of the elderly, and can provide support for implementation of new strategies for improving the quality of life of these individuals.

Keywords: Quality of life; Aged; Caregivers

RESUMO

Objetivo: Avaliar a qualidade de vida de egressos de Curso de Cuidadores de Idosos. **Métodos:** Estudo transversal desenvolvido no Centro Formador de Recursos Humanos Caetano Munhoz da Rocha no Estado do Paraná. A amostra constituiu-se de 59 egressos que responderam ao questionário WHOQOL-bref, da Organização Mundial de Saúde. **Resultados:** A maioria dos cuidadores era do sexo feminino, com idade média de $39,9 \pm 10,8$ anos, casados ou vivendo como casados e com Ensino Médio completo. Os egressos avaliaram possuir melhor qualidade de vida no domínio relações sociais ($75,6 + 16,9$), seguida dos domínios psicológicos ($71,4 \pm 13,2$), físicos ($69,1 \pm 14,2$) e meio ambiente ($58,6 \pm 11,6$). **Conclusão:** O estudo revelou aspectos relevantes dos cuidadores de idosos e pode fornecer sustentação para implementação de novas estratégias para melhoria da qualidade de vida desses indivíduos.

Descritores: Qualidade de vida; Idoso; Cuidadores

RESUMEN

Objetivo: Evaluar la calidad de vida de egresados de un Curso de Cuidadores de Ancianos. **Métodos:** Estudio transversal desarrollado en el Centro Formador de Recursos Humanos Caetano Munhoz da Rocha en el Estado de Paraná. La muestra se constituyó de 59 egresados que respondieron al cuestionario WHOQOL-bref, de la Organización Mundial de la Salud. **Resultados:** La mayoría de los cuidadores era del sexo femenino, con edad media de $39,9 \pm 10,8$ años, casados o viviendo como casados y con enseñanza media completa. Los egresados evaluaron poseer mejor calidad de vida en el dominio relaciones sociales ($75,6 + 16,9$), seguida de los dominios psicológicos ($71,4 \pm 13,2$), físicos ($69,1 \pm 14,2$) y medio ambiente ($58,6 \pm 11,6$). **Conclusión:** El estudio reveló aspectos relevantes de los cuidadores de ancianos y puede ofrecer sustento para la implementación de nuevas estrategias para la mejoría de la calidad de vida de esos individuos.

Descriptorios: Calidad de vida; Anciano; Cuidadores

* Study extracted from the dissertation entitled “Qualidade de vida de cuidadores de idosos” – presented to the Professional Master’s Program in Health and Work Management University of Vale do Itajaí – UNIVALI – Itajaí (SC), Brazil.

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INTRODUCTION

Questions related to aging have deserved special attention over the last 40 years. This is a universal phenomenon which, in Brazil, has assumed peculiar characteristics by virtue of the speed with which it has happened⁽¹⁾. It has been predicted that by 2020 the country would have the sixth oldest population in the world⁽²⁾.

With population aging, there are changes in morbidity and mortality profile, among these an increase in the prevalence of non transmissible chronic diseases that may cause incapacity and dependence in the elderly. As from 65 years of age, around 40% of individual need some type of help to perform at least one activity, such as shopping, taking care of finances, preparing meals and house cleaning. A smaller portion (10%) require help with performing basic tasks, such as having a bath, getting dressed, going to the bath room, feeding themselves, sitting down and getting up from chairs and beds⁽³⁾.

In this context, the presence of a care-giver in the home allowing elderly persons to enjoy the conviviality of family life, diminishes or even replaces the time of hospitalization and reduces the complications resulting from this. Nevertheless, it is impossible to know how many people who are kept at home need the presence of a care-giver, how many, and who these care-givers are and in which way they perform the care. This has caused concern to health professionals, especially in the field of nursing, with regard to the definition of which activities may be delegated to these persons, and how and who may adequately provide them with guidance⁽¹⁾.

In 1999, the Ministry of Health instituted the National Health Policy for Older Persons and the National Program of Care-givers of Older Persons, with the aim of promoting improvement in the conditions of care of the elderly, by means of qualifying home care-givers. According to the Brazilian Classification of Occupations – CBO (“Classificação Brasileira de Ocupações”) of 2002, this has become a recognized occupation, defining care-giver as the person who “provides care based on objectives established by specialized institutions or persons directly responsible for taking care of well being, health, feeding, personal hygiene, education, culture, recreation and leisure of the person assisted”⁽⁴⁾.

Family care-givers have said that assuming the responsibility of dependent elderly persons is an exhausting and stressful task⁽⁶⁾. Improvement in the quality of life of care-givers makes it possible to provide the elderly with better care, positively influencing the course of the chronic disease.

Starting with these considerations, one understands that the concept of quality of life needs to be brought to the universe of the care-givers of older persons. According to the World Health Organization (WHO),

quality of life is “the individual’s perception of his/her position in life, within the context of culture and value systems in which they live and in relation to their objectives, expectations standards and concerns”⁽⁹⁾.

Considering the gap found in the literature, the new Brazilian demographic profile, the prevalence of chronic diseases and the growing need for care presented by the elderly, the aim of this study was to evaluate the quality of life of graduates from the Course on Care-giving of the Elderly at the Caetano Munhoz da Rocha Human Resources Formation Center (“Cuidadores de Idosos do Centro Formador de Recursos Humanos Caetano Munhoz da Rocha, of the Secretary of Health of the State of Paraná.

METHODS

A cross-sectional study was developed, in which all the formal and informal care-givers, graduates from three groups of the Course for Care-givers of the Elderly, of the “Centro Formador de Recursos Humanos Caetano Munhoz da Rocha”, technical school linked to the Secretary of State for Health in Parana, situated in the capital Curitiba, were invited to participate. The study group was composed of 59 Care-givers of the elderly, who answered a questionnaire, out of a total of 71 professionals, which represented 83.1% of the total number of graduates.

The research project was approved by the Research Ethics Committee of the University of Vale do Itajaí, Report No.62/2009. The inclusion criteria were: accepting to take part in the research after signing the Term of Free and Informed Consent and presence at the previously scheduled meeting for data collection.

The instrument used to obtain the data was the questionnaire on quality of life proposed by the World Health Organization (WHO), WHOQOL-bref⁽¹⁰⁾. This instrument was self-responded by the graduates, individually, in a single interview, using the last two weeks of life of each of them as reference for the replies, a recommended in the guidelines for its use.

The WHOQOL-bref is composed of two parts. The first refers to the information chart about the respondent, which characterizes subjects as regards gender, age and schooling. A second part consists of 26 questions. The first two are called overall or General Quality of Life. The other 24 questions are distributed into four domains and their respective facets(“):

Both General Quality of Life and the domains are measured according to the options of the Likert type of numerical scale, which may range from one to five. The gross and transformed scores were calculated for each researched subject. The collective performance, in terms of quality achieved, was obtained by grouping the replies in accordance with domains and facets(“).

With the data of the information chart on the respondent, intervals of confidence were constructed at the level of 95% of the proportions found of the sociodemographic data. To make comparisons within each domain, the t test was used, with a level of significance of 5%.

RESULTS

The majority of care-givers were women (83%; IC95% 78.1-87.9) in the age range between 31 and 50 years completed (58%; IC95% 51.6- 64.4), the mean age being 39.9 ± 10.8 years and with high school education (63%; IC95% 56.7-69.3).

The mean General Quality of Life score (GQL) was 79.5, showing a positive mean evaluation both of quality of life and satisfaction with their own health.

Figure 1 points out that care-givers of the elderly mentioned having better quality of life in the social relationships domain (75.6 ± 16.9), followed by the psychological (71.4 ± 13.2), and physical (69.1 ± 14.2) domains. The environmental domain was the one that presented the lowest mean score (58.6 ± 11.6) among all the domains of the WHOQOL-bref. Among the facets of the environmental domain, it is pointed out that the environmental facet in the home was the one that presented the highest mean score, 78.3 (standard deviation = 18,7), followed by physical safety and protection (78,0; standard deviation = 13.2), transport (70.8; standard deviation = 22.1), health and social care (69.8; standard deviation = 18.7), physical environment, pollution, noise, traffic and climate (66.4; standard deviation = 16,8), opportunities to acquire new information and skills (64.7; standard deviation = 16.3), participation in, and opportunities to practice recreational/leisure activities (54,9; standard Deviation = 20.2). Lowest mean score of this domain refers to the facet financial resources with 52.2 (Standard deviation = 13.9).

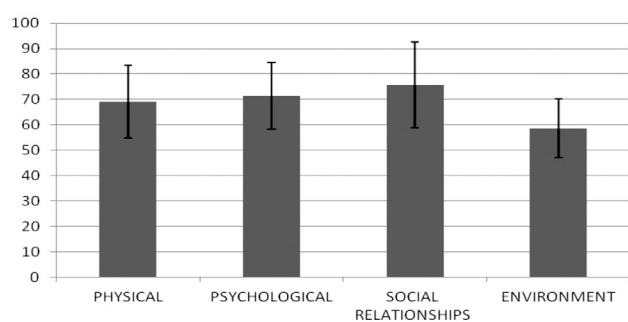


Figure 1 – Mean scores and standard deviations for the domains of WHOQOL-bref of care-givers of elderly persons, Curitiba/PR, 2009

As regards mean scores in each domain, for the psychology domain a significantly lower score was found in the group of active care-givers ($p = 0.043$) (Table 1).

Table 1 – Mean scores and standard deviations for the domains of WHOQOL-bref of active and non active care-givers of elderly persons, Curitiba/PR, 2009

Domains	Active Care-givers	Non Active Care-givers	p-Value
Physical	75.5	75.8	0.043
Psychological	68.8	75.8	
Social Relationships	67.3	72.2	
Environment	57.1	61.2	

DISCUSSION

In spite of the difficulties existent in evaluating the quality of life, due to the many controversies both from the theoretical and methodological points of view, as a result of different approaches used by researchers, this study enabled reflection on the quality of life of Care-givers of Elderly persons, graduates from courses for Care-givers of Elderly Persons of the Caetano Munhoz da Rocha Human Resources Training Center of the Secretary of Health of the State of Paraná.

The majority of care-givers were women, at a productive age; that is to say women who work. This helps with the family income and in re-integration of women in the work market, because at the predominant age, the majority already had children, who were no longer so dependent on their mothers' care⁽¹¹⁾. According to the national research conducted in sample homes ("Pesquisa Nacional de Amostra de Domicílio") the proportion of families headed by women rose from 24.9%, in 1997, to 33% in 2007⁽¹²⁾.

It is worth pointing out that 17% of the care-givers were of an age equal to or over 51 years, showing that possibly "elderly persons are caring for elderly persons"⁽¹³⁾. According to Neno⁽¹⁴⁾, at least one third of the elderly population may have the expectation of caring for another elderly person during their retirement.

The data point out that the graduates evaluated had better quality of life in the social relationships domain, followed by the psychology and physical domains. The environmental domain was the one that presented the lowest mean score among all the domains of the WHOQOL-bref.

In studies about the quality of life, using the instrument WHOQOL-bref, both with professionals in the field of health, the highest score was also obtained for the social relationships domain and the lowest for the environment.

Environmental issues have increasingly gained space and importance in public policies, as well as in the community, particularly in the field of health, from the time of the Ottawa Charter drawn up at the First International Conference on Health Promotion promoted by the WHO in 1986⁽¹⁷⁾.

In a study on the quality of life of family care-givers of dependent patients attended by Family Health Teams, Amendola et al⁽¹⁸⁾ reported that the aspect that most contributed to better quality of life in the environmental domain was also the physical environment of the home. In a study about the evaluation of quality of life⁽¹⁹⁾, the facet environment in the home was the one that obtained the second highest mean score in the domain, both for the group of women doing domestic work and for the group of women doing remunerated work.

Some care-givers did not show satisfaction with the environment in the home; that is to say, they did not make a positive evaluation as regards this aspect. These data are important to the extent that one considers the environment in the home is the place where the person rests and is able to share feelings, difficulties, achievements, and problems with other family members, and is even a place of refuge from the day-to-day tensions.

With respect to the facet participation and opportunities for recreation/leisure, similar results were obtained by Cárdenas⁽¹⁹⁾, in which the evaluation of recreation and leisure also obtained the second worst mean score for the environment domain for both studied groups: Women doing domestic work and women doing remunerated work. For Amendola et al⁽¹⁸⁾, aspects that most contributed to the worse quality of life of family care-givers of dependent patients attended by Family Health teams were opportunities for recreation/leisure.

By leisure activities, one understands those that provide relaxation and diminish stress, such as going for walks, playing cards, visiting relatives and longer lasting activities, such as a period of vacation, for example⁽²⁰⁾. Although passive leisure activities, such as watching television or playing electronic games provide more comfort and greater productivity, these reduce the time devoted to active leisure, such as practicing sports, dancing, going for walks, playing outdoor games, and do not bring the benefits provided by these physical activities. One author⁽⁹⁾ points out that recreation may also play a very important role in people's stress control and health benefits. In addition, it provides opportunities for interaction and social development, and helps individuals to feel well and develop their potential.

Care-givers probably find it difficult to participate in leisure and recreational activities, as the majority of these subjects are women, and also due to the characteristics of the work, which is frequently done on a full-time basis. In any event, the evaluation the care-givers made as regards this question causes concern, since participation in leisure and/or recreational activities is an important component of quality of life.

The facet financial resources was the one that received the lowest mean score, indicating that the majority of care-givers demonstrated dissatisfaction with regard to the financial resources available to them. These results are similar to those of a study⁽⁴⁾ in which the facet financial resources obtained the worst mean score in the environment domain, both for the group of women doing domestic work and those who did remunerated work.

Fernandes and Garcia⁽⁵⁾ described that 93% of the care-givers reported overloads, in all their dimensions, making them feel trapped in the role. Moreover, when they perceive that they are overloaded, they tend to feel higher levels of stress, and consequently, perform their functions short of their capacities, which results in an unbalanced care situation, normally accompanied by unsatisfactory results.

Therefore, we may infer that the fact of working as care-giver of an older person contributed to these results, as this work demands great dedication for a prolonged period of time, in addition to care activities not always being predictable, and thus, the care-giver must always be alert to the least sign of abnormality presented by the older person.

This study, as well as others in this direction, may provide support for the implementation of new strategies for improvement in the conditions of life and work of Care-givers which, undoubtedly may impact on the actions performed by these persons, and consequently, on the care of older persons.

CONCLUSION

Although this study did not confirm compromise of the general quality of life and of the social relationship, physical, and psychological domains evaluated, it demonstrated compromise of the environment domain for its quality of life, particularly with regard to financial resources. This evaluation points out the importance of the studied theme, especially in a population that is so important in the context of change in the profile of aging in Brazil.

The results of this study are an important source of information about the quality of life of care-givers of older persons in the different facets of life evaluated; which show evidence of the real demands on the care-giver and may serve as motivation for further researches. Moreover, the results may be used for comparison between groups, in addition to being combined with other instruments for data collection and other methodological approaches.

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