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PROFILE OF CAREGIVERS OF ELDERLY PEOPLE AND ANALYSIS OF THE AREAS OF A SCALE OF DEPRESSIVE SYMPTOMS

[1]Gardênia Conceição Santos de Souza, [2]Eliana Lessa Cordeiro, [3,*]Liniker Scolfild Rodrigues da Silva, [4]Fernanda Santos Cavalcanti, [4]Izis Santana da Silva, [4]Karla Roberta Leite de Lima, [4]Dayse Andrielle Viana da Silva, [4]Maria Jocélia Silva de Souza, [4]Luana Carla de Andrade Palha, [4]Diana Marques Cunha and [4]Carlos Henrique da Silva Ferreira

[1]Nurse, Master in Gerontology, Federal University of Pernambuco (UFPE), Recife (PE), Brazil
[2]Nurse, Master in Neuropsychiatry and Behavioral Sciences, Federal University of Pernambuco (UFPE), Recife (PE), Brazil
[3]Nurse, Specialist in Obstetrics and Gynecology in the Residency modality from the University of Pernambuco (UPE), Recife, Pernambuco (PE), Brazil
[4]Nurses (graduates), Salgado de Oliveira University (UNIVERSO). Recife, Pernambuco (PE), Brazil

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ABSTRACT

Objective: To identify the sociodemographic profile of elderls' caregivers and to evaluate their response to the domains and items of a depression scale.
Methodology: This was a cross-sectional quantitative study, which CES-D scale to analyze the domains and their items, with a sample of 228 questionnaires, applied to caregivers of elders enrolled in the Family Health Program of the Sanitary District IV, having as inclusion criterion age above 28 years and at least 10 years living with the elder.
Results: The study showed that the profile of elders' caregivers has a prevalence of women, age between 50 and 60 years, elementary school education, married or in stable union and D-E social class. Regarding the analysis of the scale domains and items, there was a prevalence of the response rarely for the domains humor, somatic symptoms, interpersonal relationship and the variable not being able to "get my things through", showing that in that population these domains and items worked, mostly, as protective effects for depression. As for the positive effects, two items were shown as protectors, one item being a negative effect.
Conclusion: This study showed the importance of using the CES-D scale and the analysis of domains and items for screening depressive symptoms in elders' caregivers, and that this reading, depending on the response, may signal protective factors for depression, which becomes valuable when complemented with the profile of these caregivers.

Corresponding author:

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INTRODUCTION

Brazil is experiencing a time of demographic changes, since the decrease in mortality and fertility, and the growth of technologies in health care have raised life expectancy, thus generating a growth in population aging. This leads to a transformation in the epidemiological profile of the population, increasing chronic diseases, which may compromise the elders' autonomy, making them need permanent care of family and/or caregiver (Aguiar *et al.,* 2011).

The caregiver is the person responsible for providing assistance tosick or dependent people, facilitating the realization of their day-to-day activities, such as food and personal hygiene, as well as administering the routine medication and accompanying them to health services, excluding the tasks or procedures identified as being exclusive of other legally established professions (Gratão*et al.,* 2012). There are two types of caregivers: formal, generally employed by the family to develop care actions, with an employment relationship, and the informal caregiver, who is part of the elder's family or known by the elder, such as: friends,

neighbors, church members, support groups, among others, assuming actions of care and assistance (Pereira *et al.,* 2013).
This experience of taking care of the elder can cause stress and exhaustion, in which the caregiver, when developing activities related to the elder's physical and psychosocial well-being, acquires restrictions in his/her own life, becoming exposed to stressful situations, such as the weight of the basic tasks, diseases and priority needs. Combined with these factors there are also other difficulties, such as lack of information, physical, psychological and financial support to face the care routine (Stackfleth *et al.,* 2012). Therefore, in many cases, these caregivers can develop a process of depression, with a huge and lasting modification of the individual's state of mind, as well as demonstrating loss of energy and interest, feeling of guilt, change in social behavior, difficulty concentrating, lack of appetite, and thoughts of death (Oliveira, 2012). Thus, the purpose of this article was to identify the demographic profile of elders' caregivers and to analyze their responses to a depression scale, which required the characterization of the sample according to age, gender, education, marital status and social class, in addition to the list of domains of the CES-D scale, and their equivalent condensation, which created specific tables for each one.

METHODS

This is a study conducted in the context of descriptive quantitative research, which aims to identify the demographic profile of elders' caregivers and to analyze their responses to the domains of a depression scale. It was held in FHPs (Family Health Programs) of the District IV of the city of Recife/PE, considering as reference a significant demand for services to elders and their caregivers. We interviewed 228 people aged 28 years or more, who reported the elder's cognitive state and who have lived with him/her for over 10 years, providing aid and care. The research data was collected through the application of a structured questionnaire, with closed questions, which address the studied problem. For data collection, we used the CES-D (Center for Epidemiologic Studies of Depression) survey instrument, translated and validated semantically to Brazil by Silveira and Jorge in a study with adolescents and Tavares (2004), who studied, in elders, the psychometric features of the CES-D regarding GDS (Geriatric Depression Scale). The questionnaire has four domains with 20 items and cutoff point 16 and allows evaluating the frequency of depressive symptoms experienced in the week preceding the interview. Each item admits four responses (never or rarely, briefly, for a while, and during most of the time), including questions concerning the domains: mood, somatic symptoms, social interactions and positive effect (Batistoni *et al.,* 2010).

This survey was complemented by a demographic questionnaire, which used as theoretical assumption the Brazilian economic classification criterion (ABEP/2014). It was applied to elders' caregivers from the district IV and had its result presented in order to identify the sample's profile. The questionnaire and an Informed Consent Form (ICF) were applied, and, once answered, were sealed in individual envelopes used for manual compilation and creation of graphs and tables in Excel (2010). The results were exposed in absolute and relative frequency. The socio-demographic questionnaire showed the elders' caregivers profile. The study was in accordance with resolution number 466/12 of the National Health Council (NHC), which is based on the ethical and legal principles that emanate statements and guidelines on researches involving human subjects. For this, it was approved by the Research Ethics Committee (REC) of the Federal University of Pernambuco (UFPE) under the opinion of CAEE: 48403115800005208. This article is part of the master's dissertation of the Professor Gardenia Conception Salvi, advisor, and the PIC (Scientific Initiation Program) of the Salgado de Oliveira University (UNIVERSO), Recife-PE.

RESULTS AND DISCUSSION

Table 01 shows the social characterization of the elder's informant from district IV, held in Recife, from October 2015 to April 2016. Among the socio-demographic variables, the female gender prevailed (81.58%), as well as age from 50 to 60 years (25.88%), complete elementary school (43%), and the marital status married or stable union (42.10%).

Table 01. Social characterization of the elder's informant from District IV. Recife/PE, Brazil. Oct/2015-April/2016

Variables	n =228	%
Gender		
Female	186	81.58
Male	42	18.42
Age		
28 --| 38	49	21.5
39 --| 49	47	20.61
50 --| 60	59	25.88
61 --| 71	53	23.24
> 72.	20	8.77
Education		
Illiterate	25	11.0
Elementary	98	43.0
High school	81	35.5
College	24	10.5
Marital status		
Single	95	41.67
Marriedorstableunion	96	42.10
Widow(er)	19	8.33
Other	18	7.90

According toTomomitsu *et al.,* (2013), regarding gender assignments, women are more present in the celder's care, being mostly the elder's wives or daughters. The care, for women, consists of several roles in the household, passing from generation to generation and thus becoming natural. The families have a definition of household tasks exercised by each member in different situations, so that, in the future, such experience can be a determining factor to become a caregiver, and this care task can be also influenced by social and cultural factors (Oliveira, D'elboux, 2012). In relation to the craegivers' average age, the higher prevalence was between 50 and 60 years (25.88%), followed by 61 and 71 years (23.24%) with a small difference between these variables. Most elders' caregivers are middle-aged, as they are culturally included in Brazilian society, which allows children, husbands and wives to provide care to the elder (Santos, 2011). According to Pereira (2012), advanced age can be a factor of concern for the elders' caregivers, because they may have physical and functional limits due to the aging process. As for the education attainment, the majority has elementary school followed by high school, with the lowest index in higher education. Therefore, Oliveira and D'elboux (2012) state that the low level of education can directly and negatively affect the caregivers' activities to understand the elders' illness process, resulting in a decreased quality of the services provided due to lack of information, which can generate big emotional tensions

and stress for that caregiver. Therefore, the lack of knowledge can result in a negative assistance related to the elder, due to the low level of education reported in the research by the elders' caregivers. In many cases, the lack of employment, due to the low level of education, leads the individual to assume the role of caregiver. Even facing such difficulties, he/she shows satisfaction doing that work, since, the elders are mostly his/her family (Yamashita *et al.,* 2013). In relation to marital status, we see that married or stable union prevailed when compared to the others, where Aguilar *et al.,* (2013) state that such information signals an important item, which is the elder's care allied to the marital and household responsibilities. A positive point occurs when the caregiver's spouse help. Given this context, Santos (2013) points out that, both situations, married or single, can intervene positively or negatively in the care. In the married situation, when associated with the spouse, he/she acts as a facilitator for the tasks performed with the elder; on the other side, if it does not happen, it can generate a discomfort, since, besides caring for the elder, this caregiver will also be responsible for other household tasks. Santos (2013) also adds that the single status can set up a concern, from the moment that the caregiver allows his/her caregiver's tasks to influence negatively in his/her personal life.

Table 02. Social class Brazil (ABEP, 2015) of the elders' caregivers from District IV. Recife/PE, Brazil.Oct/2015 to April/2016

Variables	Points	n=228	%
A	45-100	04	02
B1	38-44	10	4.3
B2	29-37	34	15
C1	23-28	53	23.2
C2	17-22	55	24
D-E	0-16	72	31.5

Table 02 shows the characterization of social class Brazil (ABEP, 2015) of the elders' caregivers from district IV in Recife, from October 2015 to April 2016, where one realizes that most of the informants (31%) belongs to the D-E social class. Araújo *et al.,* (2013) bring in their study that most caregivers do not receive any financial support, for being family caregivers, resorting to secondary jobs to support their family. Filippin *et a*l., (2014) state that the greater the financial condition of their interviewees, the worse their point of view about life, related to a greater requirement always to acquire better conditions. They state that good financial conditions, access to information, culture and knowledge, can modify the citizen, making him/her more rigorous about his/her well-being.

Table 03. Humor Domain of the CES-D Scale submitted by the elders' caregivers from district IV. Recife/PE, Brazil Oct/2015 to April/2016

During the last week:	Rarely	During a short time	During a moderate time	During most of the time
03 I could not improve my mood	130	35	30	33
06 I feltdepressed	132	30	30	36
09 My life was a failure	164	28	21	15
10 I feltscared	145	30	31	22
13 I talked less than normal	133	29	37	29
14 I feltalone	136	23	34	35
17 I had a crying crisis	156	30	17	25
18 I feltsad	122	33	38	35

Table 03 shows the analysis of the scale domain regarding humor, which shows all items (3, 6, 9, 10, 13, 14, 17 and 18), corresponding to: I could not improve my mood (57%), I felt depressed (57.9%), my life was a failure (72%), I felt scared (63.6%) I talked less than normal (58.3%), I felt alone (60%), I had a crying crisis (68.4%), I felt sad (53.5%), gave a higher percentage for the response rarely (less than one day). The existing challenges, the anxiety about the future, exhaustion, stress, discouragement, sadness, the concern about the lack of time for leisure and social activities provide significant peculiarities for the negative idea about the caregivers' quality of life (Filippin*et al.,* 2014). The study showed that for this sample, these factors did not influence the emergence of depressive symptoms by not being a constant in their daily life and that their absence works as a protective factor.

Table 04. Domain:Positive Effect of the CES-D Scale presented by the elders' caregivers in disctrict IV. Recife/PE, Brazil.Oct/2015 toApril/2016

During the last week:	Rarely	During a short time	During a moderate time	During most of the time
08 I felt optimistic about the future	84	32	31	81
12 I washappy	66	31	36	99
16 I enjoyedmylife	74	26	34	94

Table 04 exposes the analysis is of the scale domain about the positive effect, showing that item 08 -I felt optimistic about the future (36.8%) had the highest response rarely, showing that, for this group, it worked as a negative effect in relation to this variable. The itms12 -I was happy (29%) and 16- I enjoyed my life (32.4%) gave a higher percentage for the answer during most of the time, showing that the constant presence of these items is a protective factor for the emergence of depressive symptoms. The practice of caring for the elder, through its complications, leads the caregiver to have several different feelings, such as exhaustion, exhaustion, joy, happiness and satisfaction (Angels *et al.,* 2014). One realizes that, given the care factors, the caregiver can also develop positive and negative factors, due to the great responsibility and burden of activities provided to the elder. However, in relation to happiness, Souza and Duarte (2013), state that being happy is a little more relevant and has a longer lasting effect when compared to a pleasant moment of humor. When people are happy, they are less selfish, less aggressive, less offensive and less prone to diseases. They are more reliable, affectionate, kind, flexible, creative, committed and determined to help.

Table 05. Domain: Somatic symptoms of the CES-D Scale presented by the elders' caregivers in district IV. Recife/PE, Brazil. Oct/2015 to April/2016

During the last week:	Rarely	During a short time	During a moderate time	During most of the time
01 I felt uncomfortable	142	37	22	27
02 I did not feel like eating	145	26	24	33
05 Difficultyconcentrating	130	23	43	32
07 Making na effort to deal with the usual tasks	99	34	46	49
11 A restlesssleep	105	23	34	66

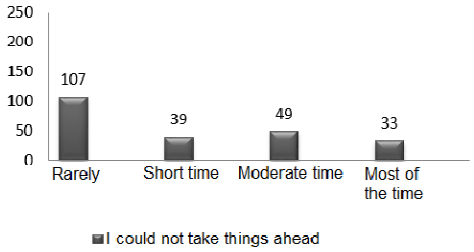
Table 05 exposes the analysis of the scale domain somatic symptoms, showing that all items (1, 2, 5, 7 and 11) had rarely as answer, showing that this response to these items work as protective factors, minimizing the emergence of depressive

symptoms. The variables are: I felt uncomfortable (62.2%), I did not feel like eating (63.5%), difficulty concentrating (57%), making an effort to deal with the usual tasks (43.4%), and a restless sleep (46%), respectively. The symptoms of depression demonstrate different characteristics, such as lack of energy and enthusiasm for life, in addition to feelings of emptiness and despair. The mood becomes low, originating symptoms such as lack of concentration and desire to perform tasks that were once pleasant, changes in appetite and sleep, feeling of frustration and, in more complex cases, thoughts of death (Sousa *et al.,* 2013). Therefore, given the results and referring to the aforementioned study, the elders' caregivers investigated in this research have almost nil chances to develop depression, because their replies have all been positive for the variables of the somatic domain.

Table 06 – Domain: Interpersonal CES-D Scale presented by elders' caregivers in district IV. Recife/PE, Brazil. Oct-April\2016

During the last week:	Rarely	During a short time	During a moderate time	During most of the time
04 I compared myself to other people regarding value	169	26	14	19
15 People were not friendly	127	43	28	30
19 People do not like me	149	28	32	19

Table 06 shows the analysis of the interpersonal domain regardingthe scale, showing that all variables have been positive related to the rarely response. This shows that items 4, 15, and 19 correspond to: I compared myself to other people regarding value (74.1%), people were not friendly (55.7%), and people do not like me (65.3%), respectively. As the answers were rarely, this shows that not comparing oneself to others regarding personal value, living friendly relations and like oneself are factors that reduce the risk of the emergence of depressive symptoms. Therefore, Ferraresi e Barham (2014), talk about the important significance of social interactions, in so far as it intervenes in a health protection factor, since, when relating to others, it is possible to build links and engage in a progressive degree of activity, resulting in a access to social support networks, which, in turn, help passing by crises, improving self-esteem and personal success. Pinto and Barham (2014), say that social skills are skills that help the initiation and preservation of favorable and positive relationships, which can result in satisfactory social harmony in the environment.



Graph 1. Depressive symptoms in caregivers related to the initiative for activities of daily living. – CES-D – Batistoni, Neri, Cupertino. Dictrict IV informer. Recife/PE, Brazil. Oct/2015 - April/2016

Graph 01 shows the caregivers' response to the item: "I cannot take my life ahead", that had a predominance of the option rarely by 46.9% of elders' caregivers. This leads to understand that people, even within all the difficulties related to care, take their life on, thus they are less exposed to depressive symptoms. Martins and Mestre (2014), say that, currently, regarding the quality of life, one can highlight from the personal satisfaction to social welfare. This perception is also in a less understandable way, as for example, in self-esteem, dignity, the possibilities of fulfilling personal goals, satisfaction with life, happiness and positive thinking about oneself and the future.

CONCLUSION

The study concluded that the analysis of scale of depressive symptoms in elders' caregivers (CES-D), when used as analysis of domains and items that compose it, allows a broader view of the issues related to these symptoms. It may be able to generate reflection of domains of items in isolation and to promote the reading of precipitating or protecting factors of stress of this care process, leading to a reflection and deeper knowledge of this subject. Identifying the profile of those elders' caregivers provides a reflection among their socio-demographic characteristics and their responses to depressive symptoms, which can be matured and explored in further studies. We hope that the knowledge derived from this study will contribute to improve these caregivers' quality of life and will be a useful instrument for nurses that are health educators and that, in primary health care, work as a form of prevention, in order to provide well-being in all areas of life of the individual, namely, in all biopsychosocial areas. Thus, it can opne up a range of possibilities for new reflections on this theme and all the wealth of details that can be exploited, generating benefits for science, for elders' caregivers and for nursing, where the key part of its job shall not be exclusively the biological body, but also the human being in all its particularities.

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