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PERCEPTION OF THE ELDERLY'S CAREGIVERS IN COHABITATION ABOUT THE SUPPORT NETWORK OF THE HEALTH FAMILY STRATEGY

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ABSTRACT

Objective: To comprehend the perception of the elderly's caregivers in cohabitation about the support network of the Family Health Strategy. **Methodology:** It is a descriptive-exploratory study with a cross-sectional design and a qualitative approach which was done with 9 elderly people caregivers' de in a state of cohabitation who displays functional dependency in the coverage area of two Family Health Units in the city of Vitória da Conquista-Bahia. The data was generated through an interview that contained a sociodemographic characterization instrument and a guiding issue looking for a better comprehension of the support delivered by the Family Health Strategy team. **Results:** It was carried out the thematic content analysis technique, with two built categories built: perception linked to the negative feeling about the support of the Family Health Strategy network; perception linked to the positive feeling about the support of the Family Health Strategy network. **Conclusion:** It was possible to comprehend a caregivers 'negative perception, pervaded by the absence of necessity for more support from the family health teams. It was also noticed perceptions linked to positive feelings about the support of the family health teams, where the caregivers showed that the support is suitable.

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INTRODUCTION

Population aging is being a worldwide phenomenon signed by the demographic transition in with is noticed a rise in the number of people aged over 60 years. It is hoped that the amount of elderly people will grow hitting around 30.9 million people in the year 2020, composing 14% of the Brazilian population, occupying the sixth place in the world division. The elderly population growth of the last years is higher comparing to the growth rates of young people, nevertheless

this population had difficulties with biological, psychic and social issues with a gradual and ongoing manner (KUCHEMANN, 2012). The growing aging comes up with a new epidemiological transition set by the rise of chronic degenerative diseases, what boost the presence of alterations concerning the cognitive and functional capacity of the elderly people. The existence of these alterations disables the elderly people to execute their basic daily live activities impairing their autonomy and independence, making it important the presence of a caregiver, which usually is a family member (FIGUEIREDO; MOSER, 2013; MARIGLIANO et al., 2015). In a historic way, the family is the central source of support

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and care for the elderly people, being regarded as the foundation for warranting the sustenance, development and protection of the members, irrespective of how it is structured (SAMPAIO, 2014). It is important to highlight that depending of the elderly dependence degree; the caregiver has a work overload, because many times they take care of the elderly person by themselves, without any support and forgetting to take care of their own health. It is discussed the necessity for more guidance from the health professionals concerning the caregivers performance of this care in promotion as well as in prevention. Besides that, it is necessary interventions directed to the family members' health improving the elderly person and caregivers' quality of life (MENDES *et al.*, 2010; GUEDES *et al.*, 2017).

The professionals that act in the primary care are essential for the health promotion and prevention of grievances with them needing then to follow the orientations of the primary health care politics aimed at elderly people and their caregivers. The family health strategy forms an organization and enhance the basic attention with the first level becoming an entry system for the public health system with the concepts of universality, equity and integrality of assistance to receive and attend to the elderly person and their family members, the required information concerning the issues raised in the care assistance (MARTINS *et al.*, 2013). It is seen in many studies, the absence of orientation of the health team regarding the caregiver, that are capable to collaborate with the health promotion, as the caregiver frequently does not know how to carry out the elderly's care, just as taking care of their own health (FERNANDES, 2010; OLIVEIRA, 2011; SILVA *et al.*, 2018). In the view of this, it becomes an important study's accomplishment, since there are few discussions on the topic studied searching for comprehending how is the support of the health teams towards the elderly's caregivers and family members. The study achievement may help to implement public policies that comprise the the elderly people family inside the support network of the family health strategy, including actions and programs targeting this population and offering quality of life to the elderly person and the caregiver. Consequently, the study has as main goal to comprehend the caregivers' perception of the elderly people with functional dependence on the support network of the family health strategy.

MATERIALS AND METHODS

It is a descriptive study with cross-sectional design qualitative approach, of population base. It is a subproject of the project named "FAMILY ARRANGEMENT OF ELDERLY PEOPLE WHO LIVE IN CITIES ON THE NORTHEAST AND SOUTHEAST OF BRAZIL", which was done through a research proposal with partnership established between the Post-graduation program of nursing and health of State University of the southeast of Bahia and a group of Master students. The study is associated to the Interdisciplinary Center of Studies and Research about the Human Aging - NIEPH, being executed in two Family Health Units (USF) of the city of Vitória da Conquista - BA. These places were selected using a simple raffle. The data production was accomplished with 9 caregivers through the use of an interview, obeying the data saturation criterion. The caregivers' inclusion followed these requirements: living with the elderly person that displays functional dependence shown by the application of the Katz scale and being the main responsible for the elderly's person

care. The data gathering happened in two stages between the months of January to July of 2018. It was found that during the first moment the number of elderly people enrolled in the USF through families' form consultation (Form A), conducting an information gathering about the elderly living alone and the ones who lived with family members and caregivers. After this, the collection happened with each caregiver individually at their homes through the assistance of community health Agents (CHA). For the data production it was used an interview containing an instrument for the collections of sociodemographic data and a leading question, examining the dimensions of the caregivers' feelings about the family health strategy support network, with register made using an electronic recorder. In line with Minayo (2010), the interview technique is meaningful because it points out important particularities of crucial conjunctions of values, guidelines, symbols as well as being a notifier of ideals through the subjects' conversation possibility. Data analysis resulting from the issue happened through the Thematic Content Analysis Technique, that in accordance with Bardin (2009) it is a technique characterized by an analytical description as to systematic and objective practices of discourse content description of the interview. It is arranged in three stages: the pre-analysis, the material's exploration or codification and the results handling, inference and interpretation. For the study's outcomes presentation, the caregivers were listed with the letter C, for Caregiver and the respective order number, preserving full scripts report. This study is a part of a large research entitled "Elderly's Family Arrangement in cohabitation on the Northeast and Southeast of Brazil", being approved by the Research Ethics Committee of the State University of the Southeast of Bahia (CEP-UESB). opinion number. 102,641, was done in compliance with the Resolution of the National Health Council (NHC) nº 196/96, current at the time. This way, it was referred to CEP-UESB a request for the attachment of this study to the main project in accordance with Resolution 466 of December 12, 2012. The data were performed after the production and provision of the favorable opinion by CEP-UESB with the inclusion of this study's field, and the SMS authorization in Vitória da Conquista - BA so that the research could be done at USF. The caregivers' participation was voluntary, with the acceptance being formalized through the signature of the Informed Consent Term - ICT that was signed in two copies, one being the informant's domain and the other belonged to the researcher's responsible for the study.

RESULTS AND DISCUSSION

Participants Characterization

Among the study's participants, 8 were female caregivers (88.9%) and 1 was a male caregiver (11.1%). Concerning the age group, 7 caregivers (77.8%) were aged under 60 years, 2 were aged over 60 years (22.2%). Before the discussion of the results, it is needed to present a characterization of the caregivers' family relation with the elderly person as in Table 1. The analysis of the statements set performed through the Thematic Content Analysis Technique that according to Bardin (2011), produced two main categories: the perception linked to the negative feeling about the support of the Family Health Strategy network; perception linked to the positive feeling about the support network of Health Family Strategy. Both categories summarize the caregivers' feelings regarding the FHS support network

Table 1. Characterization of the caregivers interviewed according to the Family relationship with the elderly person. Vitória da Conquista, BA, Brazil, 2017

Participants of the study	Family relationship with the elderly person
C 1	Daughter
C 2	Daughter
C 3	Grandson
C 4	Daughter
C 5	Daughter
C 6	Daughter
C 7	Daughter
C 8	Wife
C 9	Daughter

Source: Research data

Perception linked to the negative feeling about the support of the Family Health Strategy network

This negative perception happens because of the necessity for more training of the health professionals regarding the support of the elderly people and their family members. The speech of five respondents state perceptions filled by the absence feeling and necessity of more support from the health teams.

I don't receive support as I said, I am a part there but I don't receive their support. (C1)

Just health agents, the doctor only if you go and schedule on the health center, but here no one comes. (C9)

The ambulance professional were polite and gentle you know, they helped us to get off and get in[...] the ambulance I can't complain, but the health center no. (C5)

I don't feel. (C6)

They come without my request. The ones that come here the most, and that helps a lot is the health agent, not the health professional, not the campaigns, but the interns. (C2)

The amount of elderly people in Brazil with restrictions and disabilities to execute daily life's activities have ascended because of the increase of chronic illnesses which may lead to consequences such as falls and accidents. This restriction has added the demand for a caregiver to execute the personal hygiene care, feeding care and medicines, where the commitment frequently occurs in total, leaving their own life behind to live the life of the elderly person. Nevertheless, it is noticed the performance of care without guidance and support, which may undermine the elderly person's health, as well as negatively impact the quality of life of the family caregivers (WACHHOLZ *et al.*, 2013). The rise in the caregivers' number having health and psychological complications, and less time to devote to their life and routine appeared due to the information gap, and lack of physical and emotional preparation encountered during their life, which may undermine the marital relation and even the parental one. This way, it becomes increasingly necessary to reinforce the support networks of the health teams regarding the caregivers, that are typically their own family members. When there is support, it may reflect on the health advances and to a good family relation (TOMOMITSU *et al.*, 2013). The study of Rocha *et al.* (2011) highlights the necessity of guidance to the caregivers by the health teams part, since the physical and psychological tiredness due to the information's gap has become a public health issue.

Perception linked to the positive feeling about the support network of Health family strategy

For some caregivers that were part of this study, the perception about the support network of family health team is filled by the positive feelings, where the support occurs in relation to the care delivered to the elderly person. The caregiver when having the support of the health's teams, endorses the prevention of diseases, hospitalizations reduction, overloads, preventing complication for elderly person as well as for the caregiver. The lines of four caregivers refers to the positive feelings regarding the support delivered by the health teams:

Healthy I am [...] I don't have to complain. (C3)

Yes [...] (C7)

Of the health center I am because when we need they are always keen to help us (C4)

They gave, as how to make the food, how to take the person, who instructed were the nurse. (C8)

The family health strategy when carrying out participative actions of an integrative and productive manner, integrates the patient and the healthcare professional, creating a successful attachment. When the caregiver gets the guidelines one of the necessities imposed are if they feel ready to assist the elderly person and help in their daily tasks (AREOSA *et al.*, 2014). This offers benefits to the recovery's advance, making them able to take care with more preparation, having more humanity that replicates in the proper interaction between the caregiver and the elderly person (ARAUJO *et al.*, 2013). Caregivers instructed to take care, are the outcomes of health professionals who look for commitment and are an information link to help the lives of the family members of elderly people by promoting actions and prevention to reduce the future issues to the caregiver's life, comprehending that, when the caregiver is assisted, he can positively help the elderly's health (ARAUJO *et al.*, 2013; OLIVEIRA, 2013). To educate the health professionals to answer to the difficulties that the caregiver experience when they look after the elderly person is one of the regulations, comprised by the National Health Policy that has as goal to foment the caregivers' quality of life. The professional needs to expand their knowledge with studies that intend to learn the worth of humanized attention, smooth and entirely providing a better support so that the caregiver has the proper guidance regarding the health problems, the overloads and impact in their lives (MENEGUIN, 2016). When the orientations are given to the caregiver by the health teams, it supports important benefits for their own health, in which the access to information produces the recovery of the elderly person when facing pathologies and the actions involved in the care process become less tiring, avoiding overloads, enhancing the elderly and the family members' quality of life. That way, one may comprehend that the caregivers need these orientations, so that they are able to have an special and satisfactory relationship with the elderly people.

Conclusion

The study's outcomes show that there are negative perceptions about the support network of the family health strategy, mediated by the absence or necessity for more support by the health teams generating thoughts about the contributions and guidelines so that the health care professionals add the

caregiver to the support actions. It is noticed, nevertheless the perceptions with positive feelings concerning the support of the family health teams, where caregivers expose that the support is adequate. It is highlighted this study's significance in enlightening that the support of the health teams to caregivers ought to be derived from more effective strategies for health promotion. It is considered the meaning of the stimulus to the establishment of preventive actions in the development of contributions to health and social public policies. It is still emphasized the necessity for larger trainings of health professionals concerning the support delivered to the caregivers.

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