



ORIGINAL RESEARCH ARTICLE

OPEN ACCESS

## SOCIAL SUPPORT AND LIFE QUALITY OF CAREGIVERS OF ELDERLY DEPENDENTS AT HOME

<sup>1</sup>SANTOS, Gabriela Ribeiro; <sup>2</sup>REIS, Luciana Araújo; <sup>3</sup>OLIVEIRA, Alessandra Souza; <sup>4</sup>CORREIA, Gefer Thiago Batista; <sup>5</sup>LIMA Pollyanna Viana, <sup>6</sup>PINHEIRO Livia Mara Gomes and <sup>7</sup>LOPES, Arianna Oliveira Santana

<sup>1</sup>Student in the Northeast Independent School nursing-FAINOR in the city of Vitória da Conquista-Ba

<sup>2</sup>Doctor and Teacher at FAINOR – Faculdade Independente do Nordeste in the city of Vitória da Conquista-Ba

<sup>3</sup>Master's student of the pos graduate program in Memory: language and Society of the UESB in the city of Vitória da Conquista-Ba

<sup>4</sup>Doctor and Teacher at FAINOR – Faculdade Independente do Nordeste in the city of Vitória da Conquista-Ba

<sup>5</sup>Doctor of the pos graduate program in Memory: language and Society of the UESB and Teacher at the College of the Northeast Independent -FAINOR in the city of Vitória da Conquista-Ba

<sup>6</sup>Master in Ethics and Management by EST/RS; Teacher at FAINOR – Faculdade Independente do Nordeste in the city of Vitória da Conquista-Ba

<sup>7</sup>Doctorate student in Nursing program of the UFBA. Teacher at the College of the Northeast Independent - FAINOR of Vitória da Conquista-Ba

### ARTICLE INFO

#### Article History:

Received 20<sup>th</sup> September, 2018

Received in revised form

19<sup>th</sup> October, 2018

Accepted 06<sup>th</sup> November, 2018

Published online 31<sup>st</sup> December, 2018

#### Key Words:

Social support.

Elderly.

Caregivers.

Life Quality.

### ABSTRACT

The objective of this study was to identify the social support and your relationship with the life quality of caregivers of elderly dependents at home. It's a quantitative study, exploratory and descriptive who obtained the participation of 72 caregivers of elderly dependents enrolled in basic health units from a city in the interior of Bahia. The data collect was realized by two instruments: Satisfaction with Social Support Scale (SSSS) and the Life Quality assessment tool, The World Health Organization of Quality of Life (WHOQOL BREF). The results showed a prevalence of female caregivers (88,9%), elderly sons (50,0%), that cares of the elderly for over than a year (89,6%), with other's people support (61,1%) and with a medium social support (87,5%). Regarding the appearance of health problems in caregivers, (53,2%) related to show some injury after performing this task. Regarding the distribution of the domains of caregivers' quality of life, the highest score was for the social domain (72,33) and the less one for the environmental domain (58,91%). On the cross-tabulation of social support with the quality of life of the Whoqol-bref and Pearson's chi-square test of caregivers of the elderly, caregivers mentioned a medium social support with a lower score in the environmental domain (58,00) and a higher score for the physical domain (72,16). We can ensure that there is a median life quality of this group of elderly caregivers with environmental domain considered poor, although there is no significant significance was identified among the variables.

Copyright © 2018, SANTOS, Gabriela Ribeiro et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: SANTOS, Gabriela Ribeiro; LOPES, Arianna Santana; OLIVEIRA, Alessandra Souza; CORREIA, Gefer Thiago Batista; REIS, Luciana Araújo, PINHEIRO Livia Mara Gomes and LIMA Pollyanna Viana. 2018. "Social support and life quality of caregivers of elderly dependents at home", *International Journal of Development Research*, 8, (12), 24868-24874.

### INTRODUCTION

The aging process is related to the psychological, biological and social changes being more evident in the third age (BARBOSA *et al.*, 2014).

\*Corresponding author: SANTOS, Gabriela Ribeiro

Student in the Northeast Independent School nursing-FAINOR in the city of Vitória da Conquista-Ba

It's a phase that demands several cares here discussed and related to the life quality and social support available to their caregivers. The social support can be defined in terms of the existence or amount of relationships in general, or it can refer to the matrimonial relationships, of friendship or organizational. It can also be evaluated starting from the impact in the development of the physical and psychic

diseases, as well as in the defense and health protection (ANJOS *et al.*, 2015). Others concepts refer to the social support as being essentially information that the individual is loved, estimated and part of a social net (ANJOS *et al.*, 2015). Beyond the social support the dependent elderly also needs that a caregiver in your home to help him in the development of daily basic activities and in the realization of little procedures. The informal care derives from the care's provision to dependent people by family, friends, neighbors or others groups of people, no paid economically for the cares that render, assuming like this informal caregiver's paper in the home (ANJOS, 2015). This way, the social support to the senior's caregiver has as one of their main characteristics, to reduce the negative aspects attributed to the function of taking care, once he/she takes care of a better condition of the caregiver's health he/she will positively be able to contemplate in the quality of the rendered services (PEREIRA; SOARES, 2015). It becomes relevant, therefore, to discuss and to draw reflections concerning the social support offered to the dependent seniors' caregivers in the home, in search of strategies so that this caregiver is reinserted to his/her social conviviality, in a way that their rights and needs as well as the one of the attended senior person are insured and protected indeed (ANJOS; BOERY; PEREIRA, 2014). Thus, it is done necessary to understand the social support that is offered to the dependent seniors' informal caregiver and his/her relationship with the life quality. To identify and to discuss the deficiency in the access to the social support offered to the caregivers and his/her influence in the life quality, he/she becomes a theme of addition importance, once, it will present hypotheses associated to the lack of appropriate social support and that interferes in the life quality and in the caregiver's social isolation (ARAÚJO, 2015). In this context, the family caregiver assumes then, the responsibility of offering the necessary cares to these senior ones, however, this to take care has a significant impact in his/her life quality, because, the main caregiver, is the responsible person for almost completely the daily work with the dependent senior (ANJOS; BOERY; PEREIRA, 2014). In that context it does appear the advisor subject of the study then: Which the relationship between the social support and the quality of dependent seniors' caregivers' life in the home? Being taken into account the relevance of the caregiver's paper is supposed that the social support offered to the dependent senior's caregiver in the home is inadequate and insufficient and he/she has a direct relationship with a quality of life affected or committed.

## MATERIALS AND METHODS

It is a study quantitative, exploratory and descriptive accomplished in a city of the interior of Bahia, in the period of June and July of 2018, in the dependent seniors' residence registered in basic units of health of 2 outlying neighborhoods. They participated in the research 72 caregivers of dependent seniors registered in the basic units of health. For selection of the sample the following inclusion criterion was adopted: to be a dependent senior person's main caregiver in the home. They were excluded: the caregivers that didn't participate in all of the stages of the study, caregivers that didn't take care of seniors and that you/they didn't get to answer to the instruments owed some difficulty physical or cognitive. The instrument used for the collection of data was the SCALE OF SATISFACTION WITH THE SOCIAL SUPPORT(SSSS) that contains 15 subjects and it seeks to evaluate the level of

the caregiver's acceptance and the insert of the same in social means as well as to detect signs of social isolation (SOUZA *et al.*, 2015). For evaluation of the quality of the caregiver's life the questionnaire INSTRUMENT OF EVALUATION OF QUALITY OF LIFE was used THE WORLD HEALTH ORGANIZATION QUALITY OF LIFE – WHOQOL BREF that contains 26 questions and they evaluate the quality of the participants of agreement 4 domains physicist life, psychological, biological and social. The collected data were organized and tabulated in a spreadsheet of Excel, and soon afterwards submitted to the Software SPSS for descriptive analysis and accomplishment of specific tests as qui-square test of Pearson. After the construction of the project, the same was submitted to the Nucleus of permanent education of the municipal district and the Committee of Ethics and he/she obtained approval under number of seeming n° 7215. The participants were guided as for the proposed objectives and they were free for us to participate or not. The research respected the established rules for the committee, among which it extols the absolute secrecy of the obtained information. Therefore, the research was accomplished in consonance with the regulator norms of the resolution 510/18, that disposes on researches that involve human beings.

## RESULTS

When verifying the collected caregivers' profile the average of the seniors' caregivers' age it was detected in the 52,5 year-old age group with larger prevalence on the feminine sex with 88,9% (n 64), marital status was single / separate with 48,6,3% (n35), they possess more than 5 children 38,9% (n 28), with education of incomplete fundamental teaching 41,7 (n 30), most of them declare Catholic 44,4% (n 32) according to table 1 below.

**Table 1. The seniors' caregivers' Profile demographic partner, Bahia, Brazil 2018**

VARIABLES	N	%
Gender		
Female	64	88,9
Male	8	11,1
Marital Status		
Married/ Stable married	29	40,3
Single/ separated	35	48,6
Widower	8	11,1
Has Childs ?		
Yes	54	75,0
No	18	25,0
How many Childs?		
1 a 2	28	38,9
3 a 4	17	23,6
5 a 10	9	12,5
No one	18	25,0
Education		
Illiterate	5	6,9
Incomplete elementary school	30	41,7
Complete elementary school	2	2,8
Incomplete High School	6	8,3
Complete High School	18	25,0
Incomplete Higher education	1	1,4
Complete Higher education	10	13,9
Religion		
Catholic	32	44,4
Protestant	31	43,1
Spiritist	3	4,2
Other religion	4	5,6
Has no religion	2	2,8
Total	72	100,0

Source: Research data.

As the characterization of the care offered by those caregivers most of the informal caregivers are the children 50% (n 36), and the time of care with the senior person was from 1 to 3 years with 25% (n 18), 61,1% (n 44) mentioned him/it other people's support to take care, and in relation to amount of people that live in the same home the presented result it was from 1 to 3 that it corresponds to 55,6% (n 40), according to Table.

**Table 2. Characterization of the care offered by seniors' caregivers, Bahia, Brazil 2018**

VARIABLES	n	%
Relationship with the taken care senior person		
Son/ Daughter	36	50,0
Sister/ Brother	7	9,7
Partner	8	11,1
Grandson/ Granddaughter	7	9,7
Any relationship degree	8	11,1
Niece	4	5,6
Daughter-in-law	2	2,8
Time of care with the senior person		
Less than a year	15	20,8
1 to 3 years	18	25,0
4 to 6 years	8	11,1
7 to 9 years	2	2,8
More than 10 years	27	37,5
Absent in the system	2	2,8
Other people's support for the care		
Yes	44	61,1
No	27	37,5
Absent in the system	1	1,4
People who live in the home		
1 to 3 people	40	55,6
4 to 6 people	23	31,9
7 a 9 people	3	4,2
More than 10 people	4	5,6
Absent in the system	2	2,8
Total	72	100,0

Source: Research data.

In the table 3 it can be observed the epidemic characteristics and of the 72 interviewed caregivers' seniors' caregivers' health 53,2% (n 39) they told to possess some problem of health with prominence for hypertension, diabetes, problems osteomusculares, cardiopatias, diseases circulatory system and reduced visual sharpness.

**Table 3. Epidemic Characteristics and of the seniors' caregivers' health, Bahia, Brazil 2018**

	n	%
Presence of Health Problem*		
Yes	39	53,2
No	33	45,8
Total	72	100,00

Source: Research data.

As for the seniors' caregivers' social support it was possible to detect that 87,5% (n 61) they presented medium social support, according to the table 4 below.

**Table 4. Social Support of the seniors' caregivers, Bahia, Brazil 2018**

	n	%
Medium social support	63	87,5
Low Social support	9	12,5
Total	72	100,00

Source: Research data.

In the evaluation of the quality life the seniors' caregivers presented smaller punctuation in the environmental domain (589) that refers the form how it identifies and it describes the

place that lives and larger punctuation in the social domain (7233) that is concerned the leisure activities to the caregivers of senior.

**Table 5. Distribution of the domains of Quality of life Whoqol-bref - of the seniors' caregivers' Vitória da Conquista, Bahia, Brazil 2018**

Whoqol-bref Domains'	Number	Average	Pattern deviaton	Minimum – Maximum
Physical	72	71,42	15,31	28,6 100,0
Psychological	72	70,37	17,44	25,0 100,0
Social rlation	72	72,33	18,70	0,0 100,0
Environment	72	58,91	15,63	25,0 100,0
LQ	72	68,26	11,51	37,80 90,20

Source: Research data.

In the table 6 below when accomplishing the crossing between the social support and the quality of the caregivers' life, it is observed that the caregivers that mentioned medium social support presented smaller punctuation in the environmental domain (544) that refers the form how it identifies and it describes the place that lives and larger punctuation in the physical domain (7216) that refers the capacity of the accomplishment of routine activities.

**Table 6. Crossed Tabulation of social support with the quality of life of the seniors' caregivers' Whoqol-bref. Vitória da Conquista, Bahia, Brazil 2018**

	N	Average	Pattern Deviation	Minimum
Physical				
Medium social support	63	72,16	15,13	0,283
Low social support	9	66,26	16,45	
Psychological				
Medium social support	63	70,43	17,45	0,935
Low social support	9	69,92	18,48	
Social				
Medium social support	63	72,09	19,57	0,769
Low social support	9	74,06	11,37	
Environmental				
Medium social support	63	59,04	15,22	0,853
Low social support	9	58,00	19,26	
Life Quality				
Medium social support	63	68,43	11,64	0,739
Low social support	9	67,05	11,15	

Source: Research data

## DISCUSSION

Regarding the gender a national similar result of the caregivers' majority is observed to be women. In a research accomplished in the city of Pará, with 31 caregivers about the caregivers' profile and the difficulties faced in the care to the senior, it evidenced that the great majority (80,7%) is female. In that way, it is possible to verify that so much in his/her study, as in the current research, the women still have prominence in what is concerned the care (ARAÚJO *et al.*, 2013). In spite of in Brazil, the number of caregivers to be female, some studies accomplished in Portugal, he/she revealed that the man has also been showing an important paper as caregiver, being evidenced a significant increase of caregivers Men. In spite, of the present study to have presented a male (11,1%) minimum number of caregivers, it is pointed out that these also contribute as a main caregiver that you/they are usually children or spouses (ANJOS; BOERY; PEREIRA, 2014). In what it is concerned to the marital status, the result of the research of Angels; Boery and Pereira (2014) about quality of dependent seniors' family caregivers' life in the home, accomplished in Florianópolis with 58 caregivers, it showed that (60,3%) are married or they possess a stable union. And in

the present study the larger predominance belonged to bachelor / separate (48,6%). In spite of the study to have shown that most of the caregivers was single or separate, (75,0%) these still said to have children (38,9%) being in his/her majority only 1 or 2, as it can be evidenced in the table 1 above. A research accomplished in the city of Paraná with 18 caregivers, it was also found result of the participant caregivers' low education, and these presented difficulties in the accomplishment of the care with the senior (FACHINELLO *et al.* 2011). The discoveries of Fachinello *et al.*, (2011), they corroborate the results presented in the tables 1 on the low education of the caregivers' great part, almost the caregivers interviewees' (41,7%) half possesses incomplete fundamental teaching. Regarding the caregivers' education, he/she gets the attention that this is an important factor for the quality of the care with the senior. For the authors, the people with low education possess difficulties in some such daily activities as: the senior's diet, the administration of medicines, to understand dosages, administration roads, and on the other related cares the prevention of complications (FACHINELLO *et al.* 2011). The reduced education can contribute to the caregiver's paper to be attributed to the relatives. Like this, it is more probable than those people that accomplish the domestic informal care also accomplish the dependent relative's care (ANJOS; BOERY; PEREIRA 2014). In the study accomplished by Anjos *et al.*, (2014) with caregivers, on the resignification of the senior patient's caregiver's life with cancer in Ribeirão Preto - SP, the children are also what more renders care to the senior, that happens, for the parents' fact they have already taken care of them when children and them if they sit down in the obligation of rewarding such affection. Regarding the time of care with the senior person, the research of Angels *et al.* (2015) on association between social support and quality of dependent seniors' family caregivers' life, accomplished in the city of Salvador with 58 caregivers, it showed that (89,6%) of the caregivers rendered cares to the senior there is more than 1 year and (20,8%) there is more than 10 years.

Already in the current study, the time dedicated to the care with the senior there is more than 10 years it was accomplished for (37,5%) of the interviewed caregivers, could observe, a significant result, when compared with the researcher's study above. With that, that long time of care, ends up causing in the caregiver an overload, physical wear and tear and stress, for having to take care of the house, to work out, and still to take care of the dependent senior (LAUREL *et al.* 2014). On the other people's support to be helping in the care with the senior, a research accomplished in Florianópolis with caregivers (60,3%) said to receive help in the cares with the senior (GONÇALVES *et al.* 2013). Before this result and of the current study, it can be said that the caregivers receive other people's support for accomplishment of some cares, however, to be the main caregiver is what generates overload, mainly for the responsibilities. It is still possible to observe in the table 2, that (87,5%) of the caregivers said to live in the same home from 1 to 6 people. In that way, it could have a division of the cares with the senior, so that there was not an overload only for a person. In relation to the number of people that you/they live in the same residence, a research accomplished in São Paulo on seniors' functional dependence and the caregiver's overload with 124 caregivers showed that (54,0%) of them answered to live 4 people in the same house. Besides, a larger number of people living committees, it ends up taking the more expenses

(GRATÃO *et al.* 2013). Some caregivers, for instance, abandon his/her external work, to dedicate to the care with the senior, for not having financial conditions of hiring a specialized service (ARAÚJO *et al.* 2013). With that, the caregiver ends tends an overload the plus, for having to take care of the house, to work out, and still to take care of the dependent senior. Besides, when it is also had a financial difficulty, those factors end up provoking stress and physical wear and tear on the part of the caregiver, being also, possible to generate an impact in the relationship of the members of the family (VIEIRA; FIALHO 2010). In relation to the caregivers' health, besides the time of care with the seniors, a research accomplished by Brigola *et al.*, (2017) about the profile of seniors' family caregivers' health and his/her relationship with variables of the care, executed with 99 caregivers of São Carlos-SP, it showed that (87,9%) of the caregivers told the emergence of problems of health. It is noticed in the table 3 that the caregivers' (53,2%) great majority also said have been attacked by the the emergence of diseases. With that, it can be inferred that the time of care, besides the care, is an important factor and that can influence in his/her health condition.

Still for Rodrigues *et al.*, (2014) when the caregiver that assumes the function of the care, increases his/her physical overload. Many already have chronic diseases, that hinder the accomplishment of some tasks and mainly those that are related with the dependent senior's care. Like this, the function of exercising cares can be committed due to the limitations (RODRIGUES *et al.* 2014). In agreement with Vargas (2015) the care with the senior is an extremely difficult task, mainly when the relatives' support is not had, turning stressful, stressful, reminding that this caregiver doesn't just possess this activity, but the household chores, children and some until it possesses a work. In spite of nobleman, taking care is a complex task, and that in certain situations turns that threatening mission to the health of who takes care. Those results corroborate the discoveries of this study, and with that it is possible to infer that the years of care to the senior can be a factor to be influencing for the appearance of chronic diseases and affecting the caregiver's health (BRIGOLA *et al.* 2017). It is worth to point out that the social support should have special prominence for maintenance and the senior's physical and psychological integrity, but also for the caregiver. The effect of this support is disposed as beneficial in the member of the family that receives him/it, in the measure in that the support is noticed as satisfactory and well executed. However when a compromising of the relative exists with the dependent senior, the caregiver and the whole family are affected, independently of social class (KINGS 2015). It can be evidenced in the table 4 above that the seniors' of the current study caregivers' social support was considered medium (87,5%). The support supplied the senior with compromising of the functional capacity happens in an imposed way, without emotional preparation, support, regarding the care to be rendered (ALMEIDA 2018). It is stood out that, even due to the difficulties of taking care, when there is the relative's support and social, the caregivers get if it adapts to the care condition (REIS 2015). In a research accomplished in Jequié with 18 caregivers of seniors about quality of seniors' formal caregivers' life, in relation to the domains of the life quality the smaller punctuation went to the domain environment and the one of larger punctuation the psychological domain (KINGS *et al.* 2015). It is evidenced in the table 5 that the results were not very different, where the smallest domain was the environment (58,91%), however, the

largest domain was the social (7233), could be evidenced in the table 5. With that, it was evident that the care with the senior person can cart for the caregiver limitations in his/her daily one, as for the acting of activities of the social life and of leisure (REIS *et al.*, 2015). In several accomplished studies, the largest obstacle presented by the caregivers is the impossibility of leaving of house, mainly, to accomplish leisure activities (WACHHOLZ; SANTOS; WOLF, 2013). The domain environment concerns the form as the caregiver notices the aspects related to the place where he lives and it portrays structural aspects of the life: physical safety and protection, atmosphere in the home, financial resources, readiness and quality of the cares of health and social, opportunity to acquire new information and abilities, participation and recreation / leisure opportunities and physical atmosphere (WACHHOLZ; SANTOS; WOLF 2013). The best obtained punctuation was in the social domain, therefore, it can be said that the caregivers interviewees are not satisfied with their social (friends and families) relationships, to the support and received support, his/her sexual activity (STIVAL *et al.* 2014). In relation to the caregivers' solemnity evaluation as his/her life quality, it can be considered moderate in the present study, when compared to the results of other researches that were of (58,7%) and (60,0%) (WACHHOLZ; SACRED; WOLF, 2013; STIVAL *et al.* 2014).

A good life quality doesn't only depend on related factors the health, but also other, as work, family, friends, all of the circumstances of the life (MIRANDA; SOARES; SILVA 2015). Therefore, it is important to stand out that to be senior's caregiver it interfered mainly in the participation and recreation / leisure opportunities and physical atmosphere. The life quality in his/her essence can be translated by the satisfaction of living and the satisfaction state is linked to the purpose of obtaining of better life conditions (SOUZA *et al.* 2016). In relation to the social support and quality of the dependent seniors' caregivers' life had a significant correlation. In that sense, a study accomplished in the year of 2015 with seniors' caregivers, on association between social support and quality of seniors' family caregivers' life corroborate these discoveries, a larger medium score (710) of the caregivers that obtained a medium social support for the physical domain (ANJOS *et al.* 2015). Besides, on the low social support it went to the social domain with a score of (4758) (ANJOS *et al.* 2015). Different from the result demonstrado in the table 6, where to smallest punctuation it went to the environmental domain. The physical support is considered an extremely important support, mainly, for the caregivers that render a lingering care to the dependent senior, they can come to present column problems. This domain evaluates the conditions of physical pain, need of medical treatment, energy for day by day, locomotion, sleep, capacity to carry out tasks of the day by day and the tasks of the work (SOUZA *et al.*, 2015).

In spite of they be dependent seniors' caregivers, a physical support can contribute to an improvement in the quality of those caregivers' life, reducing the physical efforts and it ends up causing pains, to have more energy to accomplish other activities and to rest. In the present study it was possible to notice that the caregivers obtained a good physical support. The domain environment concerns the form as the caregiver notices the aspects related to the place where he lives and it portrays structural aspects of the life: physical safety and protection, atmosphere in the home, financial resources,

readiness and quality of the cares of health and social, opportunity to acquire new information and abilities, participation and recreation / leisure opportunities and physical atmosphere (MIRANDA; SOARES; SILVA 2015). In the current research, the caregivers didn't have a good environmental support, with that, it can be said that the leisure conditions, financial subject, participation of other activities was prejudiced. The World Health Organization (WHO) characterizes as life quality the individual's perception in relation to his/her position in the life, cultural context and system of values attributed front to the objectives, expectations, patterns and concerns. That definition includes six main domains: physical health, psychological state, independence levels, social relationship, environmental characteristics and spiritual pattern (NARDI 2012). In spite of the fact that the whole family is affected by the disease, she is the primary caregiver that assumes the patient's care in the attendance physical, emotional and even financial. The impact of the chronic stress can show in the caregiver through physical and psychological problems. He/she is due, therefore, to dedicate a special attention to the caregiver, because it can contribute to improve his/her life quality (SOUZA *et al.* 2015).

## Final Considerations

It was possible through this study to prove that there was an emergence of diseases in the caregivers in relation to the cares rendered the seniors with functional dependence. In that way it was also seen that, the same ones, he/she obtained a medium social support, being his/her majority female, single / separate, with incomplete fundamental teaching. Already in relation to characterization of the care offered by the caregivers to the dependent seniors, most is children and they render the care more than 1 year the and they receive other people's support to the accomplishment of the care with the senior person, and even with this support, the main caregiver doesn't leave of being overloaded. About the distribution of the domains of quality of life of the seniors' caregivers' Whogol-bref, it was evident that the caregivers interviewees are not satisfied with their social relationships and to the received social support. Besides, they evaluated his/her life quality as moderate. The research made possible a discussion concerning the theme social support and quality of dependent seniors' caregivers' life in the home, being possible before of those results and before the analyses of the presented discussions to infer that the social support has a fundamental paper in the care with these senior ones, making possible the caregivers' well-being and a quality in the rendered care. In this perspective, it is pointed out the need of public politics that they reach this portion of the population, as well as the importance that strategies are created starting from the program of health of the family, seeking the decrease of the indexes of if existent overload that consequently end up generating impacts in the health and like this generating expenses to the municipal district. In that way the importance of continuity of that research is seen, seeking the contribution for knowledge enlargement related to the subject.

## REFERENCES

- ALMEIDA, L. P. B *et al.* Características sociais e demográficas de idosos cuidadores e motivos para cuidar da pessoa idosa em domicílio. Revista mineira de enfermagem, v. 22, 2018. Disponível em: <<http://webcache.googleusercontent.com/search?q=cache:Kcd9Kf>

- nmCUCJ:www.reme.org.br/artigo/detalhes/1212+&cd=1&hl=pt-BR&ct=clnk&gl=br > Acesso em: 13 de novembro de 2018.
- ANJOS, K. F *et al.* Qualidade de vida de cuidadores familiares de idosos dependentes no domicílio. Jequié, 2014. Disponível em: < [http://www.scielo.br/pdf/tce/v23n3/pt\\_0104-0707-tce-23-03-00600.pdf](http://www.scielo.br/pdf/tce/v23n3/pt_0104-0707-tce-23-03-00600.pdf)> Acesso em: 02 de outubro de 2017.
- ANJOS, K. F, *et al.* Associação entre apoio social e qualidade de vida de cuidadores familiares de idosos dependentes. *Ciência, saúde coletiva*. V. 20, n.05. Rio de Janeiro, 2015. Disponível em: <[http://www.scielo.br/scielo.php?pid=S1413-81232015000501321&script=sci\\_arttext&tlng=pt](http://www.scielo.br/scielo.php?pid=S1413-81232015000501321&script=sci_arttext&tlng=pt)> Acesso em: 29 de setembro de 2018.
- ANJOS, K. F; BOERY, R. N.S. O; PEREIRA, R. Qualidade de vida de cuidadores familiares de idosos dependentes no domicílio. *Texto contexto enfermagem*, v. 23, n. 3, p.600-608. Florianópolis, 2014. Disponível em: < [http://www.scielo.br/pdf/tce/v23n3/pt\\_0104-0707-tce-23-03-00600.pdf](http://www.scielo.br/pdf/tce/v23n3/pt_0104-0707-tce-23-03-00600.pdf)> Acesso em: 30 de setembro de 2018.
- ARAÚJO, A. S. Sobrecarga e satisfação com o suporte social do cuidador informal do idoso no conselho de Vila Nova de Famalicão. Porto, 2015. Disponível em: <<https://comum.rcaap.pt/bitstream/10400.26/10726/1/Sobrecarga%20e%20Satisfa%C3%A7%C3%A3o%20com%20o%20Suporte%20Social%20do%20Cuidador%20Informal%20do%20Idoso%20no%20concelho%20de%20Vila%20Nova%20de%20Famalic%C3%A3o.pdf>> Acesso em: 29 de setembro de 2018.
- ARAÚJO, J. S *et al.* Perfil dos cuidadores e as dificuldades enfrentadas no cuidado ao idoso. *Revista brasileira de gerontologia*. Rio de Janeiro, 2013. Disponível em: < <http://www.scielo.br/pdf/rbgg/v16n1/a15v16n1.pdf>> acesso em: 01 de outubro de 2018.
- BARBOSA, B. R, *et al.* Avaliação da capacidade funcional dos idosos e fatores associados à incapacidade. *Ciência Saúde coletiva*. v. 19, n. 8, p. 3317-3325. Rio de Janeiro, 2014. Disponível em: <[http://www.scielo.br/scielophp?script=sci\\_arttext&pid=S1413-81232014000803317&lng=en&nrm=iso](http://www.scielo.br/scielophp?script=sci_arttext&pid=S1413-81232014000803317&lng=en&nrm=iso)>. Acesso em 07 de novembro de 2017.
- BRIGOLA, A. G *et al.* Perfil de saúde de cuidadores familiares de idosos e sua relação com variáveis do cuidado: um estudo no contexto rural. *Revista Brasileira de geriatria e gerontologia*. V.20, n.03, p. 410-422. Rio de Janeiro, 2017. Disponível em: < [http://www.scielo.br/pdf/rbgg/v20n3/pt\\_1809-9823-rbgg-20-03-00409.pdf](http://www.scielo.br/pdf/rbgg/v20n3/pt_1809-9823-rbgg-20-03-00409.pdf)> Acesso em: 04 de outubro de 2018.
- FACHINELLO, A. C *et al.* Perfil dos cuidadores domiciliares e de idosos assistidos na atenção básica no município de Foz do Iguaçu. Maringá, 2011. Disponível em: < [http://www.cesumar.br/prppge/pesquisa/epcc2011/anais/marieta\\_fernandes\\_santos.pdf](http://www.cesumar.br/prppge/pesquisa/epcc2011/anais/marieta_fernandes_santos.pdf)> Acesso em: 02 de outubro de 2018.
- GONÇALVES, T. H *et al.* Convívio e cuidado familiar na quarta idade: qualidade de vida de idosos e seus cuidadores. *Revista Brasileira de geriatria e gerontologia*. Rio de Janeiro, 2013. Disponível em: <http://www.redalyc.org/pdf/4038/403838811011.pdf>> Acesso em: 18 de setembro de 2018.
- GRATÃO, A. C. M, *et al.* Dependência funcional de idosos e a sobrecarga do cuidador. *Revista escola de enfermagem USP*. São Paulo, v. 47, n. 01, p. 137-144, 2013. Disponível em: <<http://www.scielo.br/pdf/reusp/v47n1/a17v47n1.pdf>> Acesso em: 20 de setembro de 2017
- LOUREIRO, L. S. N, *et al.* Sobrecarga em cuidadores familiares de idosos: associação com características do idoso e demanda de cuidado. *Revista brasileira de enfermagem*. Ribeirão Preto-SP, v. 67, n. 2, p. 227-232, 2014. Disponível em: < <http://www.scielo.br/pdf/reben/v67n2/0034-7167-reben-67-02-0227.pdf>> Acesso em: 30 de setembro de 2018.
- MIRANDA, L. C. V; SOARES, S. M; SILVA, P. A. B. Qualidade de vida e fatores associados em idosos de um centro de referência à pessoa idosa. *Ciência e saúde*. v. 21, n. 11, p. 3533- 3544. Belo Horizonte, 2015. Disponível em: < <http://www.scielo.br/pdf/csc/v21n11/1413-8123-csc-21-11-3533.pdf>> Acesso em: 21 de maio de 2018.
- NARDI, E. F. R. Rede e apoio sócia, sobrecarga e qualidade de vida de cuidadores familiares de idosos com incapacidade funcional. Ribeirão Preto, 2012. Disponível em: <<http://www.teses.usp.br/teses/disponiveis/22/22132/tde-14012013-165306/pt-br.php>> Acesso em: 06 de outubro de 2018.
- PEREIRA, L.S. M; SOARES, S. M. Fatores que influenciam a qualidade de vida do cuidador familiar do idoso com demência. *Ciência, Saúde coletiva*. V.20, n.12, p.3839-3851. Belo Horizonte- MG, 2015. Disponível em: < <http://www.scielo.br/pdf/csc/v20n12/1413-8123-csc-20-12-3839.pdf>> Acesso em: 30 de setembro de 2018.
- PEREIRA, R. A *et al.* Sobrecarga dos cuidadores de idosos com acidente vascular cerebral. *Revista escola de enfermagem*. São Paulo, 2013. Disponível em: <<http://www.scielo.br/pdf/reusp/v47n1/a23v47n1>> Acesso em: 01 de outubro de 2018.
- REIS, L. A *et al.* Qualidade de vida de cuidadores formais de idosos. *Revista Baiana de enfermagem*. v. 29, n.2, p.156-163. Salvador, 2015. Disponível em: <[https://portalseer.ufba.br/index.php/enfermagem/article/view/12548/pdf\\_123](https://portalseer.ufba.br/index.php/enfermagem/article/view/12548/pdf_123)> Acesso em: 04 de outubro de 2018.
- REIS, L. A. Suporte familiar ao idoso com comprometimento da funcionalidade: a perspectiva da família. *Psicologia: teoria e prática*. São Paulo, 2015. Disponível em: <[http://pepsic.bvsalud.org/scielo.php?script=sci\\_arttext&pid=S1516-36872015000300003&lng=pt&tlng=pt](http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1516-36872015000300003&lng=pt&tlng=pt)>. Acesso em: 01 de outubro de 2017.
- RODRIGUES J.E.G *et al.* Qualidade de vida e sobrecarga de cuidadores familiares de idosos dependentes. *Ciência y Enfermeira*. Chile, 2014. Disponível em:<<http://www.redalyc.org/articulo.oa?id=370441817011>>. Acesso em: 01 de outubro de 2018.
- SANTOS, A. M; LEITE, M.T. Modificações ocorridas na vida de familiares que cuidam de idosos no ambiente doméstico. *Revista contexto e saúde*. Rio Grande do Sul, 2007. Disponível em: <<https://revistas.unijui.edu.br/index.php/contextoesaude/article/view/1407/1166>> Acesso em: 19 de setembro de 2018.
- SOUZA, L. R *et al.* Sobrecarga no cuidado, estresse e impacto na qualidade de vida de cuidadores domiciliares assistidos na atenção básica. *Caderno, saúde coletiva*. Rio de Janeiro, 2015. V.23, n.02, p.140-149. Disponível em: <<http://www.scielo.br/pdf/cadsc/v23n2/1414-462X-cadsc-23-2-140.pdf>> Acesso em: 30 de setembro de 2018.
- STIVAL, M. M *et al.* Fatores associados à qualidade de vida de idosos que frequentam uma unidade de saúde do Distrito Federal. *Revista Brasileira de geriatria e gerontologia*. V. 17, n.02, p.395-405. Rio de Janeiro, 2014. Disponível em: < <http://www.scielo.br/pdf/rbgg/v17n2/1809-9823-rbgg-17-02-00395.pdf>> Acesso em: 05 de outubro de 2018.

VARGAS, T. B. O impacto das doenças crônicas na vida do familiar cuidador de idosos. Vitória, 2015. Disponível em: <<https://ares.unasus.gov.br/acervo/bitstream/handle/ARES/8111/Thais%20Barroso%20Vargas.pdf?sequence=1&isAllowed=y>> Acesso em: 03 de outubro de 2018.

VIEIRA C.P.B. FIALHO A.V.M. Práticas do Cuidador Informal do Idoso no Domicílio. Revista Brasileira de Enfermagem. Fortaleza, 2010. Disponível em: <<http://www.scielo.br/pdf/reben/v64n3/v64n3a23.pdf>>. Acesso em: 01 de outubro de 2018

\*\*\*\*\*