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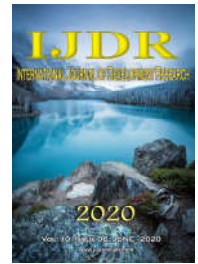
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REVIEW ARTICLE

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MENTAL HEALTH OF CAREGIVERS OF THE ELDERLY: INTEGRATIVE REVIEW

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ABSTRACT

With the increase in the elderly population, the number of diseases resulting from age and due to illness also increases, many elderly people need the services of a caregiver. In this context, due to intense care routines, many caregivers present problems such as stress and anxiety, which are directly linked to the function they perform. Thus, in order to investigate the losses resulting from this activity, this study had as main objective to analyze the work overload, stress and quality of life of caregivers of the elderly. The method was carried out through an integrative review carried out in the SciELO and LILACS databases from October 13 to December 20, 2019. We included 09 articles, published in the last 10 years, with Portuguese language and full text. In the analysis, three subthemes stood out, namely: profile of the caregiver of the elderly; mental health of caregivers; and care provided to caregivers by the health team. It was evidenced that the problems associated with the health of caregivers are due to the degree of dependence of the elderly, the doubts related to care and mainly the lack of time of the caregiver for their leisure and self-care activities. With such evidence, one perceives the need for interventions, such as training and guidance for caregivers in order to clarify doubts about the care to be provided. In addition, the importance of creating support groups is emphasized, in an attempt to reduce the risks of diseases arising from the occupation of caregivers, promote the quality of life of these people and improve their performance in the care provided.

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INTRODUCTION

According to the Brazilian Institute of Geography and Statistics (IBGE)¹ the elderly population has been growing significantly, surpassing the mark of 30.2 million in 2017. This increase also shows that a more disadvantaged population grows, with their disabilities and frailties resulting from their own age². In this context, the prevalence of chronic non-communicable diseases, which affect mainly the elderly population and which may compromise the functional capacity

of these individuals, which now depends on permanent care is evidenced². Therefore, it is understood that this state of dependence is due to the onset of chronic non-communicable diseases and their consequences, or by cognitive and functional losses of advancing age, require home care and changes in the daily lives of many families³. It is known that some elderly people need help to perform their activities of daily living, many of them for basic activities, self-care, requiring these from a caregiver, who may be a family member or not³. Loureiro et al, reports that the informal caregiver may

be, in addition to family member, a friend, a neighbor and a volunteer, without specific and unpaid training, who cares for the elderly in the family context². It is understood that the formal caregiver can be an employed or self-employed worker and exercise his/her occupation in households or nursing institutions of the elderly. It is noted that their working hours can be taken by relay of periods/shifts or full-time⁴. Care for elderly patients when they do not have the support of a consistent support network can generate care overload and health problems, such as stress and anxiety. The production of this study is justified by the need to expand knowledge about the factors that affect the physical and mental health of caregivers of the elderly in order to contribute to the debate on the theme and greater attention to the implementation in health care services of strategies for them⁵. Thus, this study aimed to evaluate the burden, stress and quality of vida in caregivers of elderly people, in order to create strategies that help in the care of the caregiver's health.

METHODOLOGY

This was an integrative review of the literature of a qualitative approach with descriptive analysis, which is a technique or method that opposes the synthesis of knowledge and the incorporation of the applicability of study results and is constituted based on the presentations of scientific samples, consisting mainly of scientific articles and books⁶. In the operationalization of this review, 06 stages were used: selection of thematic questions; definition of criteria for inclusion and exclusion; ethical aspects; representation of the characteristics of the original research; analysis of the data and interpretation of the result obtained in the research⁶. An integrative review of the literature was carried out with the objective of summing up the studies already completed in the last 10 years and obtaining conclusions based on a theme of interest, the context of mental health of caregivers of the elderly, seeking answers to this question: "How is the mental health of the caregiver of the elderly?"

For the bibliographic survey, research was carried out over the Internet in the Database of SciELO (Scientific Electronic Library Online) and LILACS (Latin American and Caribbean Literature in Health Sciences), the following descriptors are used: "caregiver", "dependent elderly", "mechanical stress", "psychological stress". Groupings of keywords were used as follows: "Care for the elderly", "Caregivers of dependent elderly", "overload and stress in caregivers". Articles published in the last 10 years were used as inclusion criteria, with language in Portuguese and full texts, which answered the study question and were available electronically free of charge. An interpretative and descriptive analysis of the articles included in the studies that discussed the impact of the work of caregivers of the elderly was performed. Therefore, an interpretative reading of those who fit the criteria for inclusion of the study was performed and the descriptive analysis of the data was performed according to the proposed objectives. Therefore, a qualitative approach was used to identify and interpret key concepts, i.e., the central ideas of the selected articles. The analysis of the results, presented in the discussion, showed three categories constructed based on the objective of this review, which are: "The profile of the elderly caregiver", "The mental health of caregivers" and the "Care provided to caregivers by the health team". The ethical aspects were respected in agreement with the reliability of the data and authors found in the articles that compose the sample.

RESULTS

A total of 187 articles were found, of which 117 were articles in the SciELO database and 67 articles in the LILACS database. Of the 117 articles in SciELO 41 were related to burden and stress in caregivers, 76 articles were related to caregivers of dependent elderly. In the LILACS database, research was conducted on care for the elderly, and the 67 articles found related to this theme (see Figure 1).

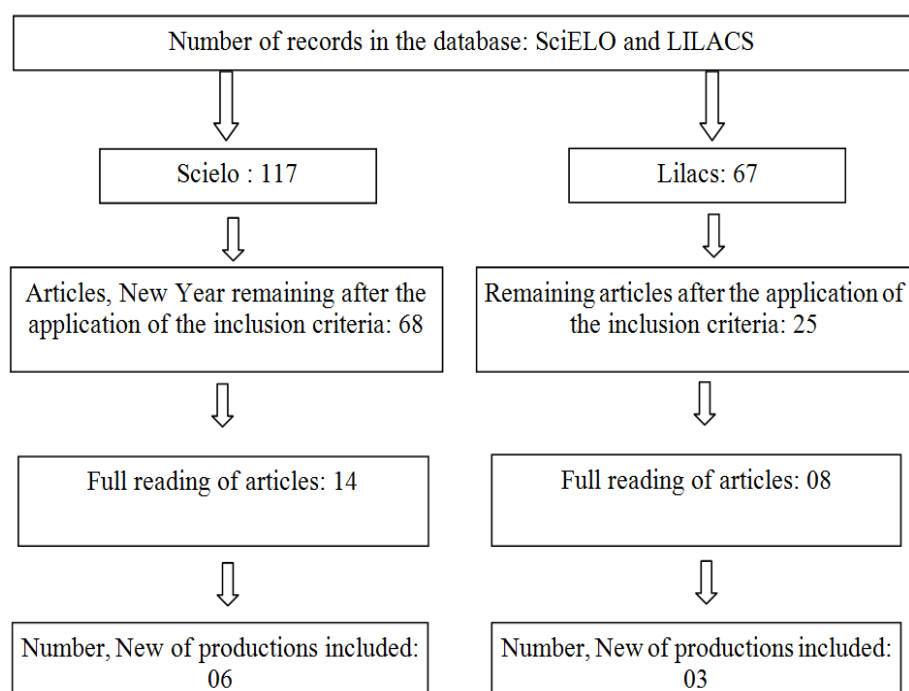


Figure 1. Flowchart of selection of articles

After inclusion criteria, there were 68 articles from SciELO and 25 articles from LILACS. Abstracts were read, from which 71 articles were excluded for not answering the guiding question.

activities of daily living; accompany you in external activities; encourage you to participate in culture and education activities⁴. In the Brazilian cultural scenario, it is mainly up to the family to care for their elderly with functional disability in

Table 1. Synthesis of the articles obtained for Integrative Review (2009 to 2019)

Study	Goals	Results
BATISTA, M.P.P.; ALMEIDA, M.H.M.; LANCMAN, S. Formal caregivers of the elderly: historical contextualization in the Brazilian scenario. Rio de Janeiro: Rev. BRas. Mr. GeRiatR. GeRontol., 2014.	Discuss the history of formal caregivers in the Brazilian context, highlighting the main regulatory frameworks and issues of national discussion on the subject.	It was identified the recognition of the complexity of the activities developed by this worker and the importance of training that support them in the provision of aid.
COUTO, A.M., CALDAS, C.P.; CASTRO, E.A.B. Home care for elderly dependent on family caregivers with emotional overload and discomfort. Rev Fun Care Online, 2019.	Understand the experiences of family caregivers, with overload and emotional discomfort, when caring for dependent elderly people at home.	Family caregivers need health care resources, emotional support and process learners.
FERNANDES, M.G.M.; GARCIA, T.R. Determinants of the tension of the family caregiver of dependent elderly. Brazilian Journal of Nursing. Brasilia, 2009.	Investigate the determinants of the tension of the family caregiver of dependent elderly.	The tension of the family caregiver of dependent elderly results from biopsychosocial, economic and historical-cultural factors, which are established in the situation of care in its entirety, as well as in the relationship of the caregiver with himself (including with personal resources to assess and face this situation) and with other significant people, especially with the care recipient and with other family members.
FLESCHE, L.D et al. Psychological aspects of the quality of life of caregivers: an integrative review. Geriatr Gerontol Aging, 2017.	Review publications in study journals that related aspects of double vulnerability (caregiver's physical health, caregiver's self-perceived health, care target dependence and perceived overload) with aspects related to the psychological dimensions of the caregiver's quality of life, such as well-being, pleasure, happiness and self-realization.	The quality of life of the caregiver is affected by several simultaneous variables, such as the degree and type of dependence of the elderly targeted for care, their health, perceived overload and positive and negative affects
GRATÃO, ACM et al. Functional dependence of the elderly and caregiver burden. PRev Esc Enferm USP, 2013.	Identify the functional dependence of the elderly and the burden of the caregiver.	The activity of caring, when associated with the impairment of the activities of the daily life of the elderly, causes caregiver burden. Dependence on the elderly was an important predictor of overload.
LOUREIRO, L.S.N et al. Burden in family caregivers of the elderly: association with characteristics of the elderly and demand for care. 2014.	To estimate the prevalence of burden among family caregivers of dependent elderly in the city of João Pessoa, Paraíba, and to identify its relationship with health conditions, functionality and demand for care of the elderly.	84.6% of the caregivers presented tacksy, which was associated with clinical and functional characteristics of the elderly and with the demand for care.
MENDES, P.N et al. Physical, emotional and social overloads of informal caregivers of the elderly. Acta Paul Enferm., 2019.	To evaluate the survival and identify the factors related to burden in informal caregivers of elderly bedridden in homes assisted by the Family Health Strategy.	The mean overload was high. The burden was higher for the spouses, and for those who presented comorbidities, pain related to the activity performed and for those who considered their regular health.
RODRIGUES, J.E.G et al. Quality of life and burden of family caregivers of dependent elderly. Science Y Enfermeria Xx (3), 2014.	To evaluate the health-related quality of life of family caregivers of the elderly and to relate it to the work burden of 50 caregivers of elderly treated in two family health units.	There was a relationship between overload and worsening of the quality of life of caregivers of elderly in these health units.
SOUZA, L.R et al. Burden on care, stress and impact on the quality of life of home caregivers assisted in primary care. Rio de Janeiro: Cad. Health Colet., 2015.	To evaluate the burden, quality of life and presence of stress in caregivers of the Family Health Strategies (FHS) of the municipality of Criciúma, in the State of Santa Catarina.	Most caregivers presented stress and demonstrated high burden in five of the seven domains of the Informal Caregiver Burden Assessment Questionnaire (QASCI). Ratifying the informal caregiver's burden as a disorder resulting from dealing with physical dependence and the individual's disability, the target of attention and care.

A full reading of the remaining 22 articles was performed, including 14 articles from SciELO and 08 from LILACS, from which 09 articles were selected to include the work, 06 from the SciELO database and 03 from LILACS, which were the ones that best answered our guiding question.

DISCUSSION

Elderly Caregiver Profile: This category contributes to the understanding of the process of defining the caregiver of elderly people. It is understood that the caregiver is someone who assists the elderly in the activities that he/she has difficulty performing independently. Among the activities that can be developed by caregivers are: promoting the well-being of the elderly, taking care of their health, food, personal hygiene and their home and institutional environment. And also: to stimulate and assist you in the performance of

the home environment⁷. The family is recognized as a primary source of support, and the female figure is elected as an agent of this care. When functional disability occurs, the family is the one who assumes the task of daily care for the elderly, often without adequate preparation and knowledge or support for such role⁸. Providing health care is an activity that requires knowledge, requires skills and abilities and, in this context, the caregiver needs to adapt and live with the changes that have occurred in the life of the elderly. The fact that the family assumes the activities of care is enhanced by the lack of financial resources to hire a company that provides home care or a private professional⁹. According to Mendes et al, the activities performed by the informal caregiver at home are complex and can generate physical, psychological and social isolation overload³. The high degree of involvement with the care of the elderly and the deficit in self-care demonstrates that being a caregiver often implies leaving aside your life to

assume that of the other⁹. Family members who care for the elderly, although satisfied by this role, are subject to numerous sources of stress, resulting from the definitions of task of a role for which they are often not prepared³. They become responsible for care without any prior training, being impelled to learn from practice¹⁰.

The physical and mental health of caregivers of the elderly:

It is observed that the physical health of the caregiver was related to psychological variables associated with quality of life. Better physical health of the caregiver was related to higher scores on the happiness scale and greater satisfaction. Similarly, worse physical health of the caregiver was related to lower psychological well-being, poorer physical and mental quality of life, less positive affect and lower satisfaction¹¹. According to Fernandes and Garcia, the experience of assuming responsibility for dependent elderly has been placed by family caregivers as an exhaustive and stressful task, by affective involvement and because there is a transformation from a previous relationship of reciprocity to a relationship of dependence in which the caregiver, by performing activities related to the physical and psychosocial well-being of the elderly, goes on to have restrictions in relation to their own life¹². With the increasingly intense involvement with care, work is abandoned so that it performs uninterrupted care of themycelium with the elderly⁷. Caring for dependent elderly people can cause emotional impact and burden for caregivers. This impact or overload is defined as physical, psychological or emotional, social and financial problems that these people present for caring for sick elderly². The greater the dependence of the family member who provides care, the greater the chances of caregivers developing painful conditions due to physical or emotional overload. The caregiver is subject to a problematic situation, which can lead to a state of psychosocial disorganization, often accompanied by negative feelings, such as fear, guilt and anxiety⁸.

In a study conducted by Loureiro (2014), with the elderly and caregivers, it was concluded that 84.6% of the caregivers presented overload, which was associated with clinical and functional characteristics of the elderly and with the demand for care, with the highest average of burden among those who dispensed care to the elderly with a higher number of comorbidities and who presented cognitive deficit². Similarly, the higher the level of dependence of the elderly in the performance of basic activities of daily living, the higher the average burden among caregivers². The family caregiver is vulnerable due to the overload generated by the care activities he/she carries out. In addition, your physical health is often also compromised, due to the short time of attention to oneself and/or resulting from your own aging process. Thus, the caregiver is sometimes doubly vulnerable due to the burden resulting from care and physical impairment¹¹. Caregivers often complain of overload and often depression, stress and anxiety. Most of the time, they leave aside the profession, leisure activities and self-care, which can lead to losses in the quality of life and care provided to the elderly⁸. Despite the fact that the disease affects the whole family, the primary caregiver assumes the patient's care in physical, emotional and even financial care. The impact of chronic stress can manifest itself in the caregiver through physical and psychological problems, which influence the type of care that the patient begins to receive. It is therefore appropriate to devote special attention to the caregiver, as it can contribute to improving their quality of life, as well as the patient and the whole family⁸. It

should be emphasized that, over time, care actions with the elderly, such as hygiene, comfort, food, among others, become repetitive and develop physical and mental fatigue in the family caregiver¹⁰. In this context, he begins to need and help from other individuals both to develop the care activities required by the elderly and for himself, especially to temporarily from this role and promote self-care².

Attention Provided to Caregivers by the Health Team: The lack of guidance and support from health services was identified as a contributing factor to the emergence of feelings of overload and emotional discomfort by the family caregiver, considering the increased demand for time and the difficulties in performing care activities without the necessary knowledge for each situation experienced⁷. Health professionals, knowing and understanding this reality allows greater planning to implement public policies and programs to support caregivers and their families⁸. The assistance to the family caregiver requires a redirection of the gaze of those who plan and perform care actions in their favor, in order to implement interventions that will minimize the impact of the dependent condition of the elderly on the caregiver¹². Returning attention to caregivers, understanding the physical, social and emotional barriers involved in the act of caring, becomes essential in the context of collective health, both to propose greater quality of life and less burden on caregivers and for those who are cared for⁸. Caregivers often lack information and guidance on specific care for the elderly, which should be provided by health professionals¹⁰. It is estimated that in Brazil there are about 200,000 caregivers who need to clarify their doubts and expose their anguish, because, thus, it is possible to develop actions that better guide them in patient care⁸. In addition to learning care and technical procedures, caregivers need to seek and obtain external support and learn to reconcile the care provided to the dependent family member with the necessary measures to maintain their own health and well-being condition⁷.

The action of home physiotherapy goes far beyond the therapeutic procedures with the patient, and should also involve guidance and training of the caregiver⁸. Nursing plays its fundamental role and needs to act with health education in care and support to the caregiver, especially in situations of functional dependence, with guidance regarding, for example, the positioning in bed, bath, feeding, transference, among other needs. The caregiver and the family should be prepared through counseling and psychoeducation for feelings of guilt, frustration, anger, sadness, depression and other feelings that accompany the responsibility of caring for a sick family member at home, even with the help of health professionals¹⁰. The participation of family caregivers in groups of training, support or coexistence also needs to be encouraged, since they function as spaces that enable more security to caregivers. Sharing experiences can provide care for them with relief, decreased feelings of emotional overload and discomfort and promoting their well-being, since the caregiver realizes that he is not alone, that the doubts and difficulties are not only his and also that his experiences can be valuable for other caregivers and, thus, form a support network between them⁷.

Final Considerations

In Brazil, many caregivers of the elderly are family members and act in this role without the adequate knowledge or support needed to act in such a role. These factors generate conditions

of illness, however, professional caregivers also raise complaints regarding work overload and, often, symptoms related to depression, stress and anxiety. The problems associated with the health of caregivers and the burden suffered by them is often due to the degree of dependence of the elderly, which is associated with the impairment of activities of daily living of the elderly; doubts related to care and mainly the lack of time of the caregiver for their leisure and self-care activities. It is considered important to develop strategies and work focused on the health of caregivers of the elderly, focusing on an intervention program to be developed by health professionals, seeking to minimize the risks arising from the occupation of caregivers, improving the quality of life of caregivers, as well as performance in the care provided.

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