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THE FAMILY CAREGIVER: FEELINGS AND PERCEPTIONS ARISING FROM CARING FOR THE ELDERLY WITH PRESSURE ULCER

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ABSTRACT

Understanding the perception and feelings of the family caregiver of seniors with pressure ulcer (PU) regarding the care. An exploratory descriptive study of a qualitative approach conducted with ten family caregivers of elderly with PU, guided by the question: What are the feelings and perceptions of caregivers before caring for the elderly affected by PU? Data were collected after approval of the Research Ethics Committee, under the CAAE: 31578614.4.0000.5200, resulting in four categories after the Content Analysis. Care for the elderly causes reflections in the feeling, being every day a construction that transcends various nuances of feelings and perceptions. Being a family caregiver of the elderly with PU is a challenge. Managers and health professionals need to focus on improving the performance of care.

Kewyords: Caregivers; Hospitalization; Aged; Pressure Ulcer.

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INTRODUCTION

Experience old age does not mean decadence, but a continuance of life with its specific characteristics. Thus, aging is an intrinsic step to all human beings, which cannot be dissociated from the biopsychosocial aspects; a factor that contributes to its occurrence is different in each organism[1].

It is worth noting that in developing countries like Brazil, the limit of 60 years old is used to define old age in the human life cycle[2-3]. Thus, the Brazilian who lived in the last century on average of 33 years old went to live 74, six years in 2012[4].

With advancing age there is the appearance of some restrictions, which may be related to the aid of the elderly to perform the Activities of Daily Living (ADL), which permeate from a simple service to a more complex and continuous one[5]. The aging process is surrounded by many challenges, one of them is the presence of acute and chronic diseases, these tables are compounded by hospitalization, and sometimes these seniors go on to require aid. However, both in hospitals and at home, the clinical picture of the elderly may be aggravated by the appearance of Pressure Ulcers (PU) that are described as epithelial injury and underlying tissue due to prolonged pressure, friction or shear [6].

The incidence and prevalence of PU are world high, and a problem experienced by some elderly during hospitalization, which is in many countries and realities suffering to the individual and his family, as well as high hospital costs[7].

Thus, a multicenter study sponsored in care institutions designed for acute patients had the prevalence of certain PU in some countries such as Italy (9%); Holland (15%) and the United Kingdom (18 %)[8].

It is worth noting that the emergence of PU for the elderly during the hospital stay is not always avoidable due to the presence of advanced disease that predisposes to the appearance of PU[9]. Thus, there may be a reduction in PU in the hospital due the pursuit of knowledge about the risk factors, making possible the implementation of preventive measures through multidisciplinary effort in partnership with the family caregiver[10]. Given this reality, the family caregiver emerges as a key player on health promotion to the elderly through their aid for the ADL; usually, it becomes responsible for that care alone. And also contributes to that can handle the challenges of the health-disease process[11-2].

The association between lack of knowledge and the difficulties of carrying out the prevention and treatment of PU, can cause the family caregiver a state of tension resulting from the lack of hemodynamic homeostasis of the vital phenomena, whether conscious or unconscious, in this situation both the family caregiver as the elderly need to adapt to the health-disease process[13].

The adaptation modes have been proposed in the model of Sister Callista Roy, based on the discussion of the individual and his interaction with the place where he is located, which are responsible for issuing incentives to person and may have adaptive or ineffective responses through their cognate as a result of their coping mechanisms, also called coping, obtained by the regulatory system[13].

Thus, this model is permeated by four adaptive modes, which are: the physical and physiological, self-concept, the function of the role and

interdependence[13], which are described below: The physical and physiological mode is closely related to the regulatory system and refers to the physical responses to environmental stimuli, involving five basic needs: oxygenation, nutrition, elimination, activity/rest and protection; four complex processes: neurological function, endocrine, senses and electrolytes/ fluids/acid-base balance. But the self-mode is related to the basic need of mental reliability. This mode focuses on psychological and spiritual aspects of the person, in which the individual expresses the values he has of himself and his expectations, divided into physical self and personal self. The role of performance mode identifies the patterns of social interaction of the person in relation to others, reflected by the primary, secondary and tertiary roles. The primary need is social integrity. And the interdependence mode expresses the emotional needs and identifies the patterns of human value, affection, love and affirmation of the disease. The last three modes are related to the cognate system[14].

Since the dependence by virtue of being elderly is aggravated by the hospitalization process and the emergence of PU, the model of Roy answers the needs of caring for the elderly with PU for allowing the search of behavior coming to regulatory mechanisms and cognate; and observe the adaptive or inefficient responses exhibited by this[13, 15].

Given this reality arises the following question: What are the feelings and perceptions of caregivers about the care of the elderly affected by PU? To answer this question this study will follow the next proposed objective: understanding the perception and feelings of family caregivers of seniors with Pressure Ulcer about care.

METHOD

It is an exploratory descriptive study of a qualitative approach, which allows you to obtain and analyze data with little narrative slant structure, giving freedom regarding the vast potential of human subjectivity[16].

The study was conducted at a referral hospital for Pernambuco Regional Health V, which covers the waters of municipalities Águas Belas, Angelim, Bom Conselho, Brejão, Caetés, Calçados, Canhotinho, Capoeiras, Correntes, Garanhuns (Headquarter), Iati, Itaíba, Jucati, Jupi, Lagoa do Ouro, Lajedo, Palmerina, Paranatama, Saloá, São João and Terezinha, components of the V Region of Health of the State of Pernambuco, located in the region of the southern wild. The study site was the internal medicine section of the above-mentioned hospital, located in the municipality of Garanhuns/PE. The Medicine department attended an average of 101 seniors over the past three months, January, February and March 2014, which are usually accompanied by their caregivers during the hospital stay. The subjects were 10 family caregivers of elderly patients with PU who were admitted to the medical clinic of the Regional Hospital Dom Moura. Inclusion criteria were: (1) being a family caregiver for elderly patients with pressure ulcer; (2) monitoring the elderly hospitalized in clinical medicine. Exclusion criteria: (1) the subject that does not read or write.

At first data collection was carried out through an interview, which used a semi-structured questionnaire with the family caregiver about the sociodemographic profile of the same. As this is a qualitative study, this step did not intend to seek representation of the data and draw conclusions about the profile of respondents, but to

facilitate the understanding of their socio-demographic characteristics throughout this article. In the second time, the family caregivers were asked about the process of caring for the elderly affected by PU.

The project was approved by the Research Ethics Committee of the Hospital Otavio de Freitas, under the CAAE: 31578614.4.0000.5200 and Protocol 662.771/2014. And so, the observations contained in Resolution 466/2012 of the National Health Council have been met.

After the full transcript of the interviews revealed thematic beams, due to the similarity of the highlighted content in the statements of the respondents. Thus, it was possible to relate the theory with practice, based on content analysis, this being described as a set of broad communication analysis techniques. Therefore, the following steps includes: pre-analysis, exploration of material and treatment of results causing arise themed bundles through inference and interpretation[17].

In pre-analysis, there was the systematization in order to direct the successive operations of content analysis, being based on the choice of documents to be analyzed, formulating hypotheses and objectives, and develop indicators for the final interpretation[17].

The exploitation of the material depends on the first phase, if it has been well thought out and conclusive, this step will occur through the systematic application of data[17].

The treatment of the results, third and last stage corresponds to inferences upon the analyzed content that will be interpreted and can be arranged in new theoretical dimensions17.

RESULTS

Recognizing the profile of the family caregiver of elderly with Pressure Ulcer

According to Table 1, the family caregivers of this study are mostly female, and the degree of kinship with the elderly with PU, stand out the children, followed by other relatives such as spouses and siblings. In addition, most are married.

Table 1 - Sociodemographic profile of family caregivers. Garanhuns/PE, Brazil, 2014.

Variables	N	%
Gender		
Male	2	20
Female	8	80
Age (in years)		
20 - 29	2	20
30 - 39	1	10
40 - 49	4	40
50 – 59	2	20
Over 60	1	10
Color		
Dark skin	9	90
Black	1	10
Schooling		
Illiterate	2	20
Up to the 5th year	4	40
From the 5th to the 9th year	1	10
Complete high school	3	30
Marital Status		
Single	3	30
Married	4	40
Widower/widow	3	30
Profession		
Housewife	1	10
Farmer	4	40
Pensioner	1	10
Student	1	10
Manicurist	1	10
Garbage man	1	10
Lathe operator	1	10
Degree of kinship		
Son / Daughter	6	60
Nephew	1	10
Cousin	1	10
Grandchildren	1	10
Daughter-in-law	1	10
Time as a caregiver		
Up to 30 days	6	60
Between 2 months and 1 year	1	10
Over 1 year	3	30

Source: Research data. n=10.

They presented mostly the age group between 40-49 years old and the brown color. About the level of education of these subjects was the highlight of those who studied up to the 4th grade and they had the 2nd School graduate. These caregivers most were farmers and had up to 30 days in the care of these elderly.

By analyzing the data collected during inter-

views there were revealed four themes related to the perception and feelings of family caregivers regarding caring for the elderly with PU: (1) Have chosen or been chosen? The construction of care; (2) Caring for the elderly with pressure ulcer giving new meaning to the experience; (3) Changes in the care of the elderly affected by the pressure ulcer; and (4) Looking forward: prospects for family caregivers of seniors with pressure ulcer.

I chose or was chosen? The start of construction of the handle.

Proactivity at the time it was clear who would be the family caregiver can be seen in the statements below:

I decided to take care of her with the sister-in-law, the sister, my girl and a colleague of mine. The first person I was taken care of her. (Interviewee 1)

It was for my good will. When I was with my cousin in Arcoverde, we talked, and I decided. Take care of him and help another from the bed three, you have to give a force. (Interviewed 4)

I decided, and because it had no alternative: me and my uncle; only two of us. At home he ate and showered alone. Only here he is bedridden. Only for him. One accounts for ten. (Interviewed 8).

The care of the elderly with Pressure Ulcer with the feeling

The exercise of care may result in a mister of feelings, which can be reinterpreted throughout the process, as shown in the following statement:

I feel happy and I feel sad, because I've never seen her like that. It's difficult. When she's listening I feel happy. (Interviewee 1)

Accordingly to the next lines, caring may have some specific characteristics and feelings.

I have been pleased. Who takes no pleasure to take care of the uncle? If I feel bad not come here. I will be happy. I come every day. I ask God health, it is what God has for us. (Interviewed 3)

What I feel is that it took care of me when I was small and now that I take care of him. I get sad, because I do not want to see him in this state he is. (Interviewed 9).

The changes in the process of caring for the elderly affected by Pressure Ulcer

Due to some changes in the care process there may be the appearance of changes in family caregivers of everyday life, the elderly and the family, as expressed by respondents below:

More responsibility, more care, more dedication and patience. If you have no patience it is like him. (Interviewee 2)

So much has changed for the better. Good care of him here, good for me, good for him. (Interviewed 3)

[...] Too much stress, it gives an awful stress, whenever something changes. (Interviewed 5)

[...] I changed my whole routine. I have to leave my home, my husband, my children, my business, and my church things. Everything has changed. The housework was accumulated, because all attention is now at her. (Interviewee 6).

Looking into the future: the viewpoint for the family caregiver for the elderly with Pressure Ulcer

To exercise the care, sometimes the family caregiver reflects on his life, as shown in the following lines:

[...] In the future I can be. From now on only one

who knows is God. I want her to get well soon and come home. (Interviewee 1)

I worry because I am still without work. (Interviewed 4)

[...] Because I see so, as I am not working, I was already "prepared" psychologically to take care of her. I know it's no different with everyone; if I reach that age I will also need care. I am prepared to look after 24 hours her. I'm afraid of hospital infection, we are subject to all, regardless of color, race, financial, on the issue of disease is no different. (Interviewee 6).

DISCUSSION

The construction of care is something current and future, so there is no way to separate these two periods of time and usually it is a practice commonly seen in women during the course of life of one who is chosen for this role. It is common for women to be predestined to take care of parents in old age, considering also the fact that it is historically considered an ideal caregiver[11,18]. It is worth noting that sometimes the choice is by approaching kinship. So, often carers are children and spouses.

The construction of caring for the elderly permeates many challenges within the family and the very elderly, in which one of the first decisions to be made with regard to caring is who will be responsible for this process. So this care sometimes becomes isolated configured as something that affects both the health of the elderly as the caregiver himself who will perform this function[11].

On the contrary to what is evident in this study, generally, a family is chosen by others to become responsible for taking care of certain elderly, causing it to perform this function alone[11]. In case that there is no family that can exercise the care, the family seeking assistance with professionals to perform such a function. Thus, the term caregiver is defined as an individual who becomes responsible for elderly care affected by some type of grievance or dependence in the performance of their ADLs, which may or not be a member of the family aged[12]. As a result, the care of PU with elderly can lead to family caregivers' difficulty in maintaining quality of life in their daily lives due to the exercise of care alone[11].

The existence of the human being cannot be dissociated from care. Since the beginning is related to the need of the subject to give and receive this care, this in turn promotes the union of the meanings of each subject, which is under constant construction and reinterpretation, which makes it possible for there to share mixed feelings taken in reliance thereon function[19].

Through the essential care of the living reality is established, in which there is the will and desires, being considered as an essential attitude that emerges from the human being itself and focuses on the other, through care and attention[19].

This care can also be termed as expensive, which has been defined as everything is done in order to make possible the very existence of the subject in the world, then, it is related both to each of us, as the body and the environment[18]. It is permeated by the emotional dimension, which is present in all stages of life can strengthen and/or disturb each period, link between different social and cultural structures and interpersonal ties[18].

It is noteworthy that the questions tend to arise in their own environment in which it acquires

knowledge about the care and self-care, the family unit, this is seen as an environment that integrates care, valuing the cultural and social context in which the subject it is entering, relationships with family members, with a view to marriage that favors mutual support among the elderly with PU and family caregivers[11].

The PU increases attention required to that old, because it presents an increased chance of developing infections due to the fact of the appearance of representing a gateway to that individual. Furthermore, the PU can be related, in many cases, to physical immobility; so, in these cases, the caregiver has an increased burden on care, because there is a need for more care during the mobilization thereof to the injury does not increase[20].

The orientation of the elderly affected customers for PU as well as their respective family caregivers is essential to ensure the prevention and enable the family caregiver has safety in its operations[21]. Through these guidelines, the family caregiver may feel safer by his notes that it is possible to run a care of quality, and if affected by PU their recovery will be feasible. In addition, the support of the multidisciplinary team to family caregiver assists in preparation to run the care.

FINAL NOTES

The family caregiver knowledge level can base its daily practice and improve its performance during the period of care, leading to benefits for the elderly affected by PU, promoting their health and preventing diseases, contributing to their treatment.

The understanding of what is being treated by the family caregiver is critical to ensure correct and effective monitoring, promoting the recovery of the elderly. Thus, preventive measures should be disseminated so that family caregivers gain knowledge on the subject and can promote the health of the elderly.

In this study, family caregivers know several measures, although often present themselves insecure about the same, so it is necessary to reinforce the strategies, so that they can play their safely paper listing the causes of PU with their respective measures prevention.

The role of the professional is essential to guide the practice of caring for the elderly; it is the promotion and rehabilitation and disease prevention, ensuring safety and quality of care provided to them.

Moreover, we need to adapt strategies in all health care levels, like the scales of Braden, aimed at the prevention of PU, in order to enable family caregivers to develop preventive measures with quality. It is even possible to improve strategies making them accessible training courses for caregivers, enabling the community to act in practice for the sake of their own health and well-being, which the researchers in the field have the responsibility to ensure the dissemination of these implementations for the sake of care quality.

REFERENCES

1. Zimerman GI. Velhice: aspectos biopsicossociais. Porto Alegre (RS): Artmed; 2000.

2. Silva AJ, Pereira SM, Rodrigues A, Rocha A, Varela J, Gomes LM et al. Custo econômico do tratamento das úlceras por pressão: uma aborda gem teórica. Rev esc enferm [Internet]. 2013 [cited 2014 Jul 18]; 47(4):971-6. Available from: http://www.scielo.br/pdf/reeusp/v47n4/0080-6234-reeusp-47-4-0971.pdf

3. Araújo CLO, Onofre AA, Silva ETS, Pena MVD.

Qualidade de vida de idosos institucionalizados. Caderno Temático: Kairós Gerontologia [Internet]. 2010 [cited 2015 Apr 20]; 35-44. Available from: revistas.pucsp.br/index.php/kairos/article/download/6913/5005.

4. IBGE - Instituto Brasileiro de Geografia e Estatísti ca. Projeção da população do Brasil e das Unidades da Federação. Rio de Janeiro (RJ): IBGE; 2013. Available from: http://www.ibge.gov.br/apps/populacao/projecao/

5. Born T. Cuidar melhor e evitar a violência – Manual do cuidador da pessoa idosa. Brasília (DF): Secretaria Especial dos Direitos Humanos. Subsecretaria de Promoção e Defesa dos Direitos Humanos; 2008. Available from: http://www.obser vatorionacionaldoidoso.fiocruz.br/biblioteca/_manual/12.pdf

6. Medeiros ABF, Lopes CHAF, Jorge MSB. Análise da prevenção e tratamento das úlceras por pressão propostas por enfermeiros. Rev esc enferm USP [Internet]. 2009 [cited 2015 Apr 18]; 43(11):223-8. Available from: http://www.scielo.br/scielo.php?pid=S0080-62342009000100029&scri pt=sci_arttext

7. Silva AJ, Pereira SM, Rodrigues A, Rocha A, Varela J, Gomes LM et al. Custo econômico do tratamento das úlceras por pressão: uma aborda gem teórica. Rev esc enferm [Internet]. 2013 [cited 2014 Jul 18]; 47(4):971-6. Available from: http://www.scielo.br/pdf/reeusp/v47n4/0080-6234-reeusp-47-4-0971.pdf

8. O'Dea K. The prevalence of pressure damage in acute care hospital patients in the UK. J Wound Care [Internet]. 1999 [cited 2015 Jan 22]; 8(4): 192-4. Available from: http://www.ncbi.nlm.nih.gov/pubmed/10455634

9. Maida V, Ennis M, Corban J. Wound outcomes in patients with advanced illness. Int Wound J [Internet]. 2012 [cited 2015 Feb 16]; 9(6):683-92. Available from: http://www.ncbi.nlm.nih.gov/pubmed/22296576

10. Barros MA, Sousa SMA, Costa ALB, Rosa LS, Azevedo PR, Rabelo PPC. Avaliação do risco e prevenção de úlcera por pressão em pacientes com lesão medular. Rev pesq saúde [Internet]. 2013 [cited 2015 Mar 21]; 14(1):49-54. Available from: http://www.periodicoseletronicos.ufma.br/index.php/revistahuufma/article/view/1725

11. Ferreira DPC, Medeiros JCA, Silva MBM. O cuidar, o cuidar-se e o cuidador familiar de pessoas com a doença de Alzheimer. Rev enferm UFPE [Internet]. 2012 [cited 2014 Apr 24]; 6(10):2441-6. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/3157

12. Brasil. Ministério da Saúde. Política de Saúde do Idoso, aprovada pela Portaria nº 1.395, de 9 de dezembro de 1999. Diário Oficial [da República Federativa do Brasil]; 1999.

13. Roy SC, Andrews HA. Roy adaptation model. 2. Ed. Stamford: Appleton; 1999.

14. Frazão CMFQ, Fernandes MICD, Ferreira DPC, Nunes MGM, Lira ALBC, Enders BC. Modelo de adaptação de Roy: uma análise crítica. Paraninfo Digital [Internet]. 2013 [cited 2015 Apr 14]; II(19). Available from: http://www.index-f.com/para/n19/129d.php

15. George JB. Teorias de enfermagem: os funda mentos à prática Professional/Julia B. George; Trad. Thorell AMV. Porto Alegre (RS): Artes Médi cas Sul; 2000.

16. Polit DF, Beck CT, Hungler BP. Fundamentos de Pesquisa em Enfermagem: métodos, avaliação e utilização. 5. ed. Porto Alegre (RS): Artmed; 2004.

17. Bardin L. Análise de Conteúdo. Lisboa (Portugal): Edições 70, LDA; 2009.

18. Soares A. As emoções do care. In: Hirata H, Gui marães NA. (Orgs). Cuidado e cuidadoras – As várias facetas do trabalho do care. 1. ed. São Paulo (SP): Atlas; 2012. p. 44-57.

19. Boff L. Saber cuidar. Ética do humano, compaixão pela terra. 9. ed. Petrópolis (RJ): Vozes; 2003.

20. Anthony D, Papanikolaou P, Parboteeah S, Saleh M. Do risk assessment scales for pressure ulcers work? J Tissue Viability [Internet]. 2010 [cited 2015 Apr 20]; 19(4):132-6. Available from: http://www.ncbi.nlm.nih.gov/pubmed/20036124

21. Rogenski NMB, Kurcgant P. Incidência de Úlceras por Pressão após a implementação de um proto colo de prevenção. Rev latino am enfermagem [Internet]. 2012 [cited 2015 Jan 22]; 20(2): [07 tel as]. Available from: http://www.scielo.br/pdf/rlae/v20n2/pt_16