

# The perception of caregivers of the elderly in their daily practice context in a long-term institution

## *A percepção do cuidador de idosos no contexto de sua prática cotidiana em uma instituição de longa permanência*

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### ABSTRACT

The aim is to describe and analyze the daily practices of caregivers of the elderly in a long-term institution. It is a qualitative and exploratory study, developed in a long-term institution in 2015 with 20 participants, through the semi-structured interview technique. The data were organized and categorized according to the content analysis, emerging the following categories: Perception of the caregiver of the elderly about their daily practice; The choice of occupation; Feelings and behaviors that emerge from daily practice; and Difficulties in daily practice. The caregivers' perception shows an affective involvement of dedication, affection and care. However, it is notorious that elderly care still imposes many difficulties and limitations on these caregivers, evidencing the need for a more detailed monitoring of their performance and the training to improve the care of the elderly health demands. It was verified the need for new studies that aim to better understand the social reality of these workers.

**Keywords:** Caregivers; Elderly; Long-Term Institution for the Elderly.

### RESUMO

Objetiva-se descrever e analisar as práticas cotidianas dos cuidadores de idosos em uma instituição de longa permanência. Trata-se de um estudo qualitativo e exploratório, desenvolvido numa instituição de longa permanência em 2015 com 20 participantes, por meio da técnica de entrevista semiestruturada. Os dados foram organizados e categorizados seguindo a análise de conteúdo emergindo as categorias: Percepção do cuidador de idosos sobre sua prática cotidiana; A escolha da ocupação; Sentimentos e comportamentos que emergem da prática cotidiana; e Dificuldades da prática cotidiana. A percepção dos cuidadores demonstra um envolvimento afetivo de dedicação, carinho e cuidado. Porém, é notório que o cuidado ao idoso impõe ainda, certas dificuldades e limitações a estes cuidadores, evidenciando-se a necessidade de um acompanhamento mais minucioso da atuação destes, e a capacitação para melhorar o atendimento das demandas de saúde dos idosos. Constatou-se a necessidade de novos estudos que visem compreender melhor a realidade social destes trabalhadores.

**Palavras-chave:** Cuidadores; Idosos; Instituição de Longa Permanência para Idosos.

### NOTE

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## INTRODUCTION

**Aging has always been present in the history of mankind, however, since the 21st century, it has been highlighted by the increase in the elderly population and all the consequences that are part of this process, and the great changes that have been occurring in social, economic, cultural and institutional, concerning about values and family reconfiguration<sup>(1)</sup>.**

The aging theme has been approached as a global phenomenon, and the World Health Organization (WHO) estimates that in 2025 there will be 1.2 billion people over the age of 60, many of whom are older than 80 or older. the highest growth stratum<sup>(1)</sup>. In Brazil, it is estimated that there will be about 34 million elderly people in 2025, bringing it to the sixth position among the countries with the largest number of elderly people<sup>(1)</sup>.

However, this estimate of growth of the elderly population indicates concern and uncertainty of the conditions of care that the long-lived (elderly over 80 years) will experience in a short time.

It is observed that the process of demographic transition in Brazil occurred in a fast and disorderly way, without improving the quality of life of the population over 60 years of age, contrariwise, what happened in developed countries<sup>(2)</sup>.

In this sense, with the progressive process of aging, there is a loss in the physical and psychosocial aspects, letting the person fragile, defenseless and impotent, to act by themselves and make their own decisions in the face of daily routine, which demands supervision and continued care for the elderly<sup>(3)</sup>.

The Interagency Network for Health Information (INHI) has been demonstrating the challenges related to confrontation to morbidities, which most frequently affect the elderly population, whose growth implies greater expenses with diagnosis and treatment, as well as the need to adjust the provision of services and vocational training<sup>(4)</sup>.

Many elderly people, without family, without support and to the social margin, can become homeless, hostel or asylum dwellers, according to the poverty indices referred to by the Brazilian Institute of Geography and Statistics - BIGS/PNAD<sup>(4-5)</sup>.

It is considered that the family needs to be able to care for elderly relatives, but it is increasingly frequent the absence of a family member for such a function, or because the family does not present a younger person to assist in care, by their own lack of preparation for the care of the other, or by the exhaustion that such a situation imposes on these relatives<sup>(6-7)</sup>.

Given this scenario, it is necessary to establish a support network to this occupation of elderly caregivers, which in the past was nonexistent or unknown, has now become a reality for many families, because with the increase of the number of functionally dependent people,

this office is being increasingly demanded by the elderly and their relatives<sup>(8)</sup>.

The Brazilian Occupational Classification (BOC), Code no. 5162, presents the caregiver as someone who takes care as from the goals established by specialized institutions or direct accountability care, watching over for the well-being, health, food, personal hygiene, education, culture, recreation and leisure of the assisted person<sup>(9)</sup>. This can be a family or community person who cares for others who are in need, due to physical or mental limitations. This care may have a salary profile (formal caregiver) or not (informal caregiver). It is important to emphasize, however, that the formal caregiver is not qualified to perform techniques and procedures identified with professions such as nursing<sup>(10)</sup>.

The formal caregiver is the person hired by the elderly or their relatives to assist in care, performing for the elderly what he cannot perform alone, providing simple and elementary care and, consequently, helping the family to maintain their life routine, avoiding the exhaustion resulting from the whole process that involves the care of the elderly in a situation of dependency.

The literature on the subject has shown that caregivers of Long-Term Care Institutions for the Elderly (LCIE) have a different profile and are represented, for the most part, by female, married, sedentary individuals with incomplete primary education, mean age of 46-32 years and low remuneration. In addition, it refers to the presence of anxiety and depressive symptoms among caregivers, with a negative correlation between depressive symptoms and physical and mental domains in quality of life<sup>(11)</sup>.

It is also observed the deviation of the function in the occupation of the caregivers in the LCIE, being found general service workers, without technical training, who over time began to act as elderly caregivers, but without receiving training for such activity. Therefore, it is pointed out the urgent need to implement the operation norms of long-term institutions, with philanthropic emphasis<sup>(11)</sup>.

In addition, it is highlighted the simplistic and dualistic view, in which care is linked to human practice and charity, emerges the need to train and instrumentalize caregivers to care for the elderly in different health care contexts, with a view to an integral care and focused on the life context of this person as a human being, and as a primary part in promoting better quality of life<sup>(12)</sup>.

In this way, the elderly caregiver should be questioned because it is understood that elderly monitoring requires the caregivers to comprehend the stages experienced by the elderly, especially when they evolve to a growing intensification of health problems. Therefore, it is an occupation that demands from the individual a profile of great emotional stability and ability to generate empathy with the clientele to be cared for.

In order to understand the occupation of elderly caregivers, it is important to know the daily life of these individuals, since it is in the daily routine in which the

practices are developed and their intentions, feelings and needs can be revealed, which, when dealing with the elderly, family members and teams, are appeared. In addition, daily life is a source of knowledge, thought, approaches to cultures and ways of living.

Until a recent past, few thinkers were studying daily life: it was especially presented by novelists or by historians, as a record of a certain historical epoch. Today it arouses the interest of researchers, because it cannot be refused or denied its importance as a source of knowledge and social practice<sup>(12)</sup>.

The everyday also reveals stories, routines and unusual situations, and is also the meeting place of simple people, who tell their stories and rescue other stories. It is in the daily dealing that the stories are reverberated, and the saying is not the most important, but the intentions that motivate the revelations<sup>(13)</sup>.

In this sense, it is expected to know the elderly caregivers, their choices to dedicate themselves to this occupation, the difficulties encountered, the feelings that emerge during their daily practices. From these considerations it is questioned: in what way do the elderly caregivers perceive themselves in the occupation?

Therefore, the aim of the study is to describe the perception of elderly about their daily practice in a long-term institution.

## METHOD

A qualitative, descriptive and exploratory research that seeks to understand the way the individuals see, describe and propose together a definition of the situation<sup>(14)</sup>. This method aims to study the daily actions of people, certain communities, among others.

The study was developed in a Long-Term Care Institution for the Elderly (LCIE) located in the city of Rio de Janeiro. This space came to meet the need to implant Geriatric and Gerontological assistance, whose mission is to provide biopsychosocial assistance to the elderly military personnel and their dependents, developing clinical, therapeutic and rehabilitation actions<sup>(15)</sup>.

The subjects of the study were 20 caregivers of elderly people who work in referred institution and met the criteria of inclusion: being a caregiver; independent of sex; age; religion and ethnicity; registered at LCIE to develop caregiver activity for the elderly, for at least 1 year; demonstrate interest in the dialogue and participate in the study. Those who were on vacation at the time and worked at night shifts were excluded.

The data collection took place in February and March of 2015 through a semistructured interview, using a script consisted for two parts: the first one with questions regarding the identification of individuals, sociodemographic and occupational data; and the second, with open questions related to the subject under study.

The interviews were recorded in a MP4 digital equipment, after consent and signing of the Free and Informed Consent Term (FICT) by the participants and subsequently transcribed in full. To preserve the anonymity of the participants, the statements were identified by the letter P, followed by the number referring to the order that the interviews occurred.

Then, the data were organized and submitted to the content analysis process, whose technique is to discover the nuclei of meaning that make up a communication<sup>(16)</sup>. The analysis was started from the raw data, from the interviews, after successive extended readings, and then performing a detailed reading, in which it was possible to carry out the clippings of the Records Units (RU). RU were organized and aggregated into categories, observing commonalities, or converging elements.

The study development complied with the guidelines of Resolution No. 466/2012 of the National Health Council, which provides for research on human beings<sup>(17)</sup>, and the research project was approved by the Ethics Committee of the State University of Rio de Janeiro under Protocol No. 939,578, dated January 14, 2015.

## RESULTS

From the data of participants' identification associated with sociodemographic and occupational data, the profile of the subjects of the study was characterized, as described: 20 elderly caregivers were interviewed, of which 90% were female and only 10% were male. The age group ranged from 36 to 66 years. It was emphasized that there was predominance of the group above 55 years of age, a fact observed among 50% of the study participants. In relation to the marital status, 50% of the caregivers were married.

Regarding the educational level, it was observed that 75% of the interviewees had a complete elementary school. Of these, 20% completed the high school and 5% incomplete higher education. In addition, 75% of respondents reported having a caregiver course. Regarding the time length, 40% of the caregivers had 1 to 5 years of service, while 60% worked in the LCIE for more than 10 years in this function.

With regard to the working day, which expresses the labor reality of each caregiver, 75% of them completed a 24-48 hour scale, which means working 24 hours without a break and resting 48 hours. Another 25% remained on a 48-hour scale, in other words, they work 48 hours and rest another 48 hours.

From the analysis of the collected material from the interviews, it was possible to elaborate the following categories: The elderly caregiver's perception of their daily practice and three subcategories, namely: The choice of occupation; Feelings and behaviors that emerge from daily practice and Difficulties of everyday practice.

## The elderly caregiver's perception of their daily practice

The elderly caregiver is an emerging occupation in Brazil, whose function is supported by the Ministry of Labor and Employment, recognized in the Brazilian Classification of Occupations, according to Code No. 5162/10. However, the literature emphasizes that there are small investments in relation to formal training for the consolidation of this profession<sup>(9-18)</sup>.

It is known that this is an occupation that demands a lot of involvement and that imposes to the caregivers certain limitations of performance by the lack of abilities to exercise some care. The daily life of these individuals is something that deserves to be analyzed in order to allow the recognition of the daily circumstances and the sense that the actions have for each one. In this sense, the proposal of this study allows a better understanding of the ways in which caregivers report their different actions of daily life, such as the reasons for choosing being caregivers, the feelings that emerge from this choice and the difficulties found in the development of their routines.

## The choice of occupation

Part of the caregivers participating in the study attributed different reasons that led them to choose this occupation, as can be seen in the testimonials below:

*"I like what I do. I think it's wonderful. You do what you like is great. I vibrate [...]. I like it very much."* [P1]

*"I like to take care. I think it's cool. It's something of my own, I like it."* [P18]

*"I chose this profession because I think we should take care of others, right?"* [P20]

*"I like it and I think it's an occupation like that [...] it's like you being a priest [...] It's a profession that you have a calling."* [P8]

*"I think God put me on this path."* [P20]

In these testimonies, is perceived the pleasure for what they do, highlighting issues related to the affinity of caring of the elderly. Other caregivers also believe that this occupation is inspired by duty to one's neighbor, a mission attributed by God, a priesthood.

Each deponent has his peculiar way of expressing his experience about his choice, such as:

*A profession that we get more experience, we learn a lot from them."* [P13]

*"I think it's a good thing, rewarding [...]. It's a learning."* [P15]

Some participants believe that occupation is something rewarding, a learning experience. Something that also deserves attention in the study is the testimony of some caregivers when they mention the occupation as a work opportunity, as if they were experiencing the future. Part of the interviewees started their activities with no experience in the area, but due to the invitation to take up this occupation, or even to meet a need.

*"When I came here, it was not to be a caregiver, I went to work in the cafeteria, there in the canteen. Then they invited me to be a caregiver. It's been a very good experience."* [P5]

*"Not that I chose. It was the necessity."* [P7]

*"I never thought like that, to work with the elderly [...] but when they called, it was all good. Very good to work with them."* [P12]

These statements show that some of the participants perform the function without at least being trained or owning the skills and competences to accompany and attend the health needs of the elderly.

## Feelings and behaviors that emerge from daily practice

In relation to the feelings and behaviors that appear during the exercise of the function, it is observed that this assignment is not such a simple activity and requires some minimally demanding characteristics of the people who propose to be elderly caregivers. It is possible to identify in the testimonies some feelings commonly associated with caring for the elderly, such as caring, patience, affection, love and protection:

*"I have great affection, as if I were taking care of a person of my own, of my blood."* [P4]

*"We have to get a lot of patience, a lot of love."* [P15]

*"You have to be careful."* [P19]

*"I try to strive, to do good."* [P20]

*"I give human warmth because kisses and hugs do very well [...]. It's up to you to give in a little bit of everything. You be a little mother, aunt, daughter."* [P9]

*"I'm always protecting. I like to protect [...]. I defend, I do everything I can."* [P14]

*"It is the time that the patient needs the most, you take the hand [...]. You bring a comfort."* [P8]

It is clear in these statements the need to convey something good, such as: compassion, comfort, warmth and protection. It is known that in the relationship with the elderly it is necessary to express these feelings, however, although the elderly need affection, which is fundamental for balance, motivation and the sense of well-being, they need many other actions. Is expected from the caregivers that they understand about the aging process, about the basic needs for maintaining the lives of these people, providing beyond affection, quality of life.

### Difficulties of daily practice

This occupation imposes on the caregivers some difficulties which were mentioned by the participants of the study, as indicated in the reports below:

*"I had never lived with people with Alzheimer's, I was so scared in the early days [...]. Many cases usually scold."* [P16]

*"I did not know anything about a caregiver."* [P5]

*"The repetition because of the disease, two seconds later she repeats everything again."* [P15]

The daily practice of elderly caregivers coupled with the work regime in LCIE was associated with physical and mental exhaustion, as the following testimonies illustrate:

*"I work here 48 hours in this room [...]. It's a bit tiring here."* [P7]

*"You will not put up with staying awake [...]. You have to like the human being otherwise, you cannot handle it."* [P16]

The difficulties presented are related to physical exhaustion as a result of a strenuous work day, as shown by the testimony of a caregiver who is moved to refer to her work:

*"There is a day when you arrive stressed, without patience and now I think I'm already reaching my limit [...]. I wish I had fewer problems."* [P15]

In the movement of the day, extra-personal situations interfere, in some way, with the development of better

care. It is noticed that in addition to the problems caused in the daily life, generated by the lack of knowledge, lack of preparation and emotional support to deal with the elderly, caregivers also live with personal problems of the most different orders.

### DISCUSSION

Nowadays, questions that pervade the daily lives of various social groups are being debated, evidencing growing interest in the daily issues that make up the events of life and the meanings that people construct from their habits and rituals. In the health area, however, knowledge about the daily lives of people in their work processes becomes essential for a better understanding of the context in which care is carried out.

It is noted that man has the possibility of inventing his own daily life, thanks to what can be called the do-it-yourself arts, subtle wiles and resistance tactics, which allows him to change codes and objects and take possession of the space organized by socio-cultural production techniques<sup>(13)</sup>. Thus, it is noted that each individual has his own abilities, which are improved according to the experiences acquired throughout their routine. That is, they create their own ways of overcoming obstacles, of coexistence and adaptation to a new scenario.

It is analyzed the fact that care is something primordial of the human species and that depends on dedication, love, compassion for the needs of the other and donation, the person who owns such abilities would be apt to develop his role of caregiver. On the other hand, there are some other characteristics that need to be observed before choosing for this occupation, such as: physical and intellectual qualities.

It is observed that among the participants of the study, a large portion could already be considered also people of a slightly advanced age, considering that the aging process gradually evolves around the 30 to 40 years and accelerates from the 50 years, when progressive degradation of cardiovascular function, flexibility of joints, sense organs and brain function is already evident. In exercising the role of caregivers all these systems are put to the test during the daily work of LCIE, which are often required beyond functional capabilities.

Many caregivers present some degree of difficulty for the involvement that the occupation requires, especially when related to the care that demands physical loads above their possibilities. It is explicit in their actions, productivity and physiognomy the imposed imposition.

It is noted that caregivers of dependent elderly tend to have high overload rates due to the characteristics of these patients, who need continuous care with increasing demands and complexities. Most of the time, the caregivers present physical problems, such as: osteoarticular pains, mainly in the vertebral column, neck and arms by the constant mobilization of the elderly for diaper change,

chair mobilization and etc, often due to inadequate movements and repetitive from everyday. When analyzing the researched context, it is still aggravating the fact that the majority of the researched population are women over 50<sup>(19)</sup>. Therefore, it is necessary to assess the caregiver's profile to know if he can take on the demand imposed by the elderly to be cared for.

It is observed that the data collected are in tune with the historical and cultural tradition. It is explicit that the care of the other configures as one of the natural tasks of the woman<sup>(7-20)</sup>. The woman first takes care of the children, the husband, the house and, later, the people who got old. And so women are assigned roles that are seen by common sense as female functions, which contributes to defining rules in the context of care for the elderly in LCIEs.

The BOC mentions the personal competences of the elderly caregiver: the ability to receive, adapt, empathize, respect for privacy, listening ability, perception, discretion, creativity, ability to seek information and technical guidance, initiative, ability to recognize personal limits and others<sup>(9)</sup>. It is known that this occupation requires a lot of preparation and involvement<sup>(21)</sup>, and it imposes certain limitations on caregivers to exercise some care, especially when it refers to the elderly with a greater degree of dependence.

Professional choice is one of the paths through which we seek satisfaction. But through our choices, we can express our own values, interests and characteristics of our personality. These choices often represent the influences we have received over the years and the definition of a lifestyle that allows us to meet our future expectations. In addition to satisfaction issues, the choice of a profession is generally linked to the need for a promising labor market, financial independence and professional recognition.

The exercise of this function can be considered rewarding because it allows the acquisition of experiences in contact with the elderly, because the involvement with them generates knowledge in some way, both through direct contact and through the gestures, their attitudes and positions that emerge of the lines. Shared life experiences are important to the caregiver and are transformed into knowledge and learning for them. According to a study<sup>(22)</sup>, caregivers describe the life experience accumulated by the elderly as positive aspects of aging, as an example of respect and dignity.

We also observe the choice of occupation as a result of financial necessity. Some caregivers had never imagined working with the elderly, however, financial difficulties led to accept the job offer. Can observed the contrasts and influences of daily life, the said and the unsaid, emphasizing the choices due to the financial needs while others refer to the choice for affinity and vocation. In this sense, occupation can be referred to as a solution to remedy difficulties, such as motivation for the need for employment<sup>(23)</sup>.

Despite all the feelings and behaviors involved in choosing the occupation, it is possible to observe in the

daily practices of these caregivers, situations that impose to these people some difficulties. The task of caring for the elderly triggers different feelings that are constantly experienced by caregivers<sup>(24)</sup>. However, there are situations in the everyday that can be seen as stressors for some individuals, while for others they may not be stressors. This will depend on several factors such as the experience of each individual, intra, extra and interpersonal factors<sup>(25)</sup>.

The lack of knowledge regarding some care, especially those who present some pathology or special need, is a common finding presented by caregivers also in other studies analyzed. Among the greatest difficulties described, they cite: elderly dependence, behavioral disorders as repetitive discourse, restlessness among other characteristics of dementia, as well as the lack of knowledge necessary to approach this clientele<sup>(22-26)</sup>.

In this context, they are also concerned with issues related to the technical preparation of these workers in the labor market. Many of those surveyed, despite their low level of education, took care of a course to exercise the job with greater skill. There is a bill that makes it compulsory for the individual who wishes to be a caregiver, who has complete elementary school<sup>(48)</sup>.

In addition, it is noted that the issue of human resources training in the Geriatrics and Gerontology area is an old concern mentioned in the public policies themselves that address issues related to the elderly<sup>(27)</sup>. A course that empowers these individuals becomes paramount for their performance. It is considered that this function needs to be better structured with the purpose of qualifying these workers<sup>(28)</sup>.

It is also noted that in many scenarios there is a strenuous workload, which implies exhaustion of these workers. It is observed in this study workload of 24 hours for 48 hours, as well as 48 hours for 48 hours, which translates into concern for the health of the worker. It can be observed in daily life that the caregivers are in constant interaction with the environment that they are inserted, receiving from this interactive influences, which can produce tensions and cause the instability of the individual.

Every individual over time develops a normal range of reactions to the environment. This individual, however, has a normal line of defense or normal state of well-being, composed of physiological, psychological, sociocultural and spiritual abilities that prepare him to react to the stressors that he encounters in his daily life. When the individual is not able to deal with stressors, that is, when the energy resources are exhausted, this line breaks down and can cause illness<sup>(25)</sup>.

In the case of caregivers of the elderly, the daily practice of LCIE involves a continuous load of activities that cause physical and emotional exhaustion to meet the needs of the elderly in different health conditions, without, in most cases, being prepared to perform these activities or

have forms of support for their actions, aiming at a more adequate and humanized practice of their functions.

All these exposed situations signal the need for a directed look at the daily life of this caregiver, in an attempt to understand the social reality of this during their practices and the factors that may influence their actions with the elderly clientele in LCIEs. These are situations that need to be investigated and discussed in order to better accommodate this caregiver, who needs to be prepared to perform his tasks.

## CONCLUSION

This study allowed a better comprehension of the perception of the caregiver about his daily practice in LCIE, favoring the understanding in the middle of the subjectivity of the information. Through the decoding of symbols and codes used by caregivers in their reports, it was possible to establish an intelligible communication, favoring the interpretation of feelings, behaviors, difficulties and their meanings.

Regarding to the perception of elderly caregivers in the context of their daily practice, it was possible to identify the reasons that led to the choice of occupation, demonstrating situations from affinity, gift to care to the choice for the labor market opportunity as a means of remedying the financial difficulties presented herein.

In addition, in the speeches of the study participants, as well as in the moments of observation, the feelings related to the exercise of the function stand out. There is an emerging need for care, attention, caring and patience so that the caregiver can truly meet the needs of the elderly. The caregiver ends up becoming a link between the elderly, the health team and their families, requiring them to be more involved and accountable to the individual under their care.

It is observed that certain difficulties in the daily life, described by these individuals, require a greater attention on these aspects, mainly in relation to the need of training and physical and psychological preparation.

The fact is that the daily practice of these caregivers imposes some demands, which are not always able to meet but that imply a different look by the health team, especially the nurse, to effect a safe and adequate care to the needs specific care of the elderly living in LCIE, and that requires careful listening and careful evaluation in the organization of care activities, whose caregivers represent a significant workforce in the institutional context.

## REFERENCES

1. Camarano AA, Kanso S. Long-term care institutions for the elderly in Brazil. *Rev Bras. Estu. Popul.* 2010; 27(1):233-35.
2. Brazil. Secretariat of Health Care. Department of Programmatic and Strategic Actions. Attention to the health of the elderly and aging. Brasília: Ministry of Health; 2010.
3. Küchemann BA. Aging population, care and citizenship: old dilemmas and new challenges. *Soc. Estado.* 2012; 27(1):165-180.
4. Interagency Information Network for Health. Indicators and Basic Data: IDB leaflet; 2011.
5. Brazilian Institute of Geography and Statistics - IBGE. Rio de Janeiro: PNAD; 2003.
6. Dantas CMHL, Bello FA, Barreto KL, Lima LS. Functional capacity of elderly people with chronic diseases residing in long-term institutions. *Rev Bras Enferm.* 2013; 66(6):914-20.
7. Silva ILS, Machado FCA, Ferreira MAF, Rodrigues MP. Vocational training of elderly caregivers working in long-term care institutions. *Holos.* 2015; 31(8):342-356.
8. Garzón LHA, Rocha MLP, López CRG. Level of functionality of chronic patients and their relationship with the quality of life of informal caregivers. *Enfermería Global.* 2014; 33:191-201.
9. Brazil. Ministry of Labor. Brazilian Occupational Classification; 2014.
10. Brites AS, Santana RF. Manuals and practical guides for the training of elderly caregivers and ethical and legal implications. *Rev. Enf. Profissional.* 2014;1(1):92-105.
11. Ribeiro TF, Ferreira RC, Ferreira EF, Magalhães CS, Moreira NA. Profile of elderly caregivers of a long-term institution in Belo Horizonte, MG. *Cienc & Saúde Coletiva.* 2008; 13(4):1285-1292.
12. Vieira CPB, Gomes EB, Fialho AVM, Silva LF, Freitas MC, Moreira TMM. Conceptions of care by formal caregivers of institutionalized elderly people. *Rev. Min. Enferm.* 2011; 15(3):348-355.
13. Duran MCG. Ways of thinking about everyday with Michel Certeau. *Dialogo Educ.* 2007; 7(22):115-128.
14. Coulon A. The ethnomethodology. 3.ed. Madrid: Cátedra; 2005
15. Pinto SPLC, Silva DP, Munk M, Souza MGC. The multidisciplinary challenge: a model of long-term institution for the elderly. São Paulo: Yendis; 2006.
16. Bardin L. Content analysis. São Paulo: Edições 70; 2016.
17. Brazil. Ministry of Health. National Health Council Resolution No. 466 of the National Health Council of December 12, 2012. Approves the guidelines and norms regulating research involving human beings. Brasília: Ministry of Health; 2012.
18. Brazil. Draft Law No. 702/2012. It provides for the exercise of the caregiver's profession as an elder and provides other measures. Brasília; 2012.
19. Villarejo AL, Zamora MAP, Ponce GC. Overload and perceived pain in caregivers of dependent elderly people. *Enfermería Global.* 2012; 27:159-165.
20. Camarano AA, Mello JL. Long-term care in Brazil: the legal framework and government actions. In: Camarano AA. Long-term care for the elderly population: a new social risk to be assumed? Rio de Janeiro: IPEA. 2010:67-91.
21. Prochet TC, Silva MJP, Ferreira DM, Evangelista VC. Affectivity in the process of caring for the elderly in understanding the nurse. *Rev Esc Enferm USP.* 2012; 46(1):93-99.
22. Colomé ICS, Marqui ABT, Jahn AC, Resta DG, Carli R, Wink MT et al. Caring for institutionalized elderly: characteristics and difficulties of caregivers. *Rev Eletr Enf.* 2011; 13(2):306-12.
23. Ribeiro MTF, Ferreira RC, Ferreira EF, Magalhães CS, Moreira AN. Care process in long-term care institutions: view of the formal caregivers of the elderly. *Rev Bras Enferm.* 2009; 62(6):870-875.

24. Reis LA, Neri JDC, Araújo LM, Lopes AOS, Cândido ASC. Quality of life of formal elderly caregivers. *Rev Baian Enferm.* 2015; 29(2):156-163.
25. Neuman B, Fawcett J. *The neuman systems model.* 5. ed. USA: Pearson; 2011.
26. Barbosa AL, Cruz J, Figueiredo D, Marques A, Sousa L. Caring for elderly people with dementia, difficulties and needs perceived by formal caregivers. *Rev Psic Saúde & Doenças.* 2011; 12(1):119-129.
27. Galera SC. The aging teaching needs to mature. *Rev Bras Prom Saúd.* 2011; 24(3):189-190.
28. Batista MPP, Almeida MHM, Lancman S. Formal caregivers of the elderly: historical contextualization in the Brazilian scenario. *Rev Bras Geriatr Gerontol.* 2014;17(4):879-885.