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Education to caregivers: strategy to achieve healthy aging

Educación a los cuidadores: estrategia para lograr un envejecimiento saludable

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ABSTRACT

In recent times, demographic changes are evident, the age of the world population tends to grow every day, as more people surpass the chronological barrier that man has placed as a stage of old age which begins at 60 years, making evident the need to train caregivers for these elderly. But there is a problem of urgent solution in Pinar del Río: The preparation of the caregivers is insufficient, to assume this task is so difficult to perform when it is assumed without training, the present study had as objective to demonstrate the need of the caregivers' schools to train them in the management of the elderly and thus achieve a healthy aging. A stratified random sampling was conducted, 48 people were surveyed on the behavior they would assume when caring for an elderly person. It was demonstrated that the psychological changes of the personality at that time of life, the difficulties in validism and the frequent appearance of illnesses, were correctly assumed by the caregivers, who in some way were trained, obtaining opposite results in the untrained. It is evident the need to train the caregivers of the elderly through the creation of a school of caregivers as a strategy to achieve a healthy aging in Pinar del Río.

Keywords: caregivers; elderly; healthy aging; strategy.

RESUMEN

En los últimos tiempos, son evidentes los cambios demográficos, la edad de la población mundial tiende a crecer cada día, pues más personas sobrepasan la barrera cronológica que el hombre ha situado como etapa de la vejez que comienza a partir de los 60 años; es importante entonces la necesidad de formar cuidadores para estos ancianos. En Pinar del Río, existe un problema de urgente solución que es la insuficiente preparación de los cuidadores para asumir esta tarea que tan difícil

resulta realizar cuando sin adiestramiento se asume. El presente estudio tuvo como objetivo demostrar la necesidad en las escuelas de cuidadores para capacitarlos en el manejo al adulto mayor, y con ello, lograr un envejecimiento saludable. Se realizó un muestreo aleatorio estratificado de 48 personas que fueron encuestados sobre la conducta que asumirían al cuidar a un anciano. Se demostró que los cambios psicológicos de la personalidad en esa época de la vida, las dificultades en el validismo y la aparición frecuente de enfermedades, fueron asumidas correctamente por los cuidadores, que de alguna manera estaban adiestrados; estos obtuvieron resultados contrarios en los no capacitados. Es evidente la necesidad de adiestrar a los encargados del cuidado a los ancianos a través de la creación de una escuela de cuidadores como estrategia para lograr un envejecimiento saludable en Pinar del Río.

Palabras clave: cuidadores; adulto mayor; envejecimiento saludable; estrategia.

INTRODUCTION

Demographic changes have been evident in recent times; the age of the world population tends to grow more and more. In industrialized countries, 13 to 15 % of the population is over 60 years of age. This aging is not an exclusive phenomenon of some societies; it has been present in all the stages of social development, being of interest for the philosophy, the art and the medicine of all the epochs. In this century there is a unique situation, more and more people surpass the chronological barrier that man has placed as a stage of old age, making aging one of the most important challenges of modern society. National Statistics and Information Office (ONEI) (2014); MINSAP (2015); González Katerinne (2012)

It is known that the number of people over 60 in the world has risen from just over 400 million in 1950 to 700 million today, with a forecast of more than 1200 million by 2025, i.e. growing annually at a rate of 2.5 % compared to the total world population that only grows 1.7 %. National Statistics and Information Office (ONEI) (2014); MINSAP (2015); González Katerinne (2012)

Cuba, ranked among the Third World countries, has a population of 60 years and over, with percentages of 19.2% (about 2 million people). It is currently the fourth oldest country in Latin America, and by 2020 it is expected to be classified as a senior citizen, one fifth of the Cuban population, according to the National Statistics and Information Office (ONEI) (2014); Fernández García and Cárdenas García (1996). By then, Cuba will be the second oldest country in Latin America. In order to take on this future stage, educational work is needed not only for the elderly and the medical and paramedical personnel who will assist them, but also for the people who will play the most decisive role: the caregivers, who currently do not even know the etymology of the word.

Eighty-five percent of older adults suffer from chronic illnesses, while 30 % have pluripathology of this type, observing in the latter that their well-being depends less on treatments than on living conditions. The existence of family members and friends who are willing to help, their own perception of life and the conditions in which they find themselves, play a fundamental role in their quality of life. Prieto Ramos and Vega García (1999); Gómez Pavón (2010)

Because caregivers' lives revolve around meeting the needs of their older family member, many often leave their own needs on the back burner. This perfectly understandable situation often means that the tensions and discomfort that many of them experience comes from the role they play. Flowers (2015)

The many and varied responsibilities of caring for an elderly person make it difficult for caregivers to have the time and strength to care for themselves. However, caregivers who wish to enjoy greater emotional and physical well-being, as well as to develop optimal performance in related caregiving tasks, need to appreciate the importance of the task they perform and learn how to do it. Flores (2015); Díaz Alfonso and others, (2015)

In order to improve the standard of living of the elderly and their carer, it is necessary to train them. In several countries around the world, satisfactory results in this area have been on display for some time. Caregiver universities in Spain deserve to be highlighted with outstanding work, not only in the training of caregivers, but also in serious work with the exhausted caregiver. In Argentina, their study groups have made contributions on caregivers in long-stay institutions. Several countries have already done a very serious job training disabled carers and long would be the list of those who are already aware of this useful activity. Cillo (1999); Guzmán (2005); Valer (2015); Santander Wannhoff (2016).

In Cuba, the establishments of these schools began in the capital of the country with encouraging experiences in the training of caregivers of patients with Alzheimer's disease according to Caballé (1999) however; this important purpose is not formally established in some provinces.

The province of Pinar del Río faces an urgent problem due to insufficient training for caregivers. It is necessary to establish schools for caregivers that will involve preparing medical personnel, paramedics, elderly population and caregivers; in addition, all levels of health are involved in this project, being an unavoidable option that will ensure that the elderly enjoy a healthy aging. This research is being carried out with the aim of demonstrating the need for caregiver schools.

MATERIALS AND METHODS

In order to demonstrate the need to train the carer, stratified random sampling was performed. Stratum number one consists of trained carers who wished to participate in the research. Stratum two is made up of carers with no knowledge of the subject; the sample was chosen at random, only the fact of caring for an older adult made them similar.

The sample consisted of 48 caregivers all residents in the municipality of Pinar del Río, of whom 50 % had been trained in the meetings held, 24 people were trained through meetings lasting one hour per week in which they were given knowledge about the care of the elderly, changes inherent in aging and determinant aspects in the welfare and health of the elderly, All this was included in the thematic plan (Annex 1) made by specialists in the field, for the realization of it was taken into account the learning needs identified in the interviews conducted with caregivers and the use of a clear and simple language perfectly understandable for all people who are initiated in this activity.

Each caregiver who joined the study was conducted a survey (Annex 2), aimed at verifying their informed consent for which he explained the purposes and contexts of the study and also the state of knowledge of their activity, personal characteristics and to know what would be the decision making before dilemmas that frequently arise during the care of an elderly person.

The data reported in the study were analyzed in a comparative manner and the differences were established between the procedure of the trained caregivers and those who do not have knowledge on the subject. The results of the survey were processed with SPSS software (Statistical Pack age for Social Science, Version 12, 2004).

Frequency analyses and contingency tests (cross tabulation) were carried out for data processing.

RESULTS AND DISCUSSION

In table 1, a characterization is reflected in terms of age, sex, family relationship, whether or not he is salaried for his work and time he performs as a caregiver. (Table 1)

Table 1. - Characterization of the caregiver

Age	under 60	over 60
	72.9 %	27.1 %
Sex	Female	Male
	72.9 %	27.1 %
Familiar link	Si	No
	77.1 %	22.9 %
Wage earner	Si	No
	43.8 %	56.3 %
Time as a caregiver	Orne year	More than a year
	25 %	75 %

Source: survey.

In the results observed related to the age variable it is appreciated that 72.9 % of the people were not more than 60 years old, age in which many of them undertake this role when they are still in a period of life where there are labor ties, with needs and aspirations to fulfill, possessing an important social, family and labor role, appearing then, the need to interrupt them to dedicate themselves to the beautiful and complicated task of caring for an old man, for which they were not trained. That is when many of them see their dreams frustrated, and feelings of incompetence, depression, and anxiety may appear.

This research showed that 27.1 % of caregivers were over 60 years old. This aspect is important if we analyze that the elderly caregiver tends to become more exhausted and generally suffers from diseases that make him much more fragile than the young caregiver, sometimes appearing that his behavior competes with the psychological characteristics of the adult he cares for, which makes the old-caregiver relationship cumbersome and sometimes ineffective.

In the characterization carried out, 77.1 % of the caregivers surveyed had some family link with the elderly person they cared for, a detail that facilitates the activity; since there is a previous knowledge of their customs, needs and lifestyles that influences the best acceptance on the part of the elderly person. On the other hand, when analysing wages, 56.3 % of carers did not receive them, a fact that is sometimes related to the financial stress that harbours people and families dedicated to caring for their elderly.

Another aspect of the characterization is the time spent as a caregiver. It is reported in this study that 75 % of the carers had been carrying out this activity for more than a year, an important aspect, because as time goes by the carer carries out his activity with greater confidence; decision-making is more accurate and there is a greater rapport between the carer and his family member; but training is still necessary in these people.

In Venezuela, there are researches that analyzes the epidemiological characteristics of the caregiver, where two extremes of frequency are found: one made up of women from 45 to 60 years of age, housewives and another made up of elderly women over 60 years of age caring for their husbands. With regard to gender, there was a predominance of the female sex, with 75 per cent, which corresponds to the revised Cuban statistics on this subject. Bartolo (1999)

A study conducted at the University of Virginia in the United States reported that caregivers were most often women, with an average age of 46 years, more than 80% turned out to be family members who did not receive a salary for that activity. No substantial differences are reported in the characterization of caregivers. Adult Health Library (2007)

In Cuba, a genetic study was carried out on the population where the need was reported for help to caretakers of the elderly and other disabled people who could not develop their work role, at the suggestion of our Commander in Chief, Fidel Castro Ruz, a plan has been carried out to provide economic assistance to these caretakers by the Ministry of Labor and Social Security.

Table 2. - Need for knowledge to care for the elderly.

Necesidad de conocimientos para cuidar a un anciano (%)	
Si	91.3
No	8.7

Source: survey.

Table number 2 shows that 91.3 % of the sample recognise that they need to learn in this area, while 8.1 % consider that it is not necessary to have this knowledge. (Table 2)

An individual may be prepared to grow old, but not to be a caregiver. In families, several elderly people may be present at the same time to be cared for and sometimes they live together with different generations in the same home. To face this task it is essential to be prepared and this includes adjustments in the particular life of the caregiver, family dynamics, in the home and even in society. The caregiver is subjected to the stresses generated by the care of the elderly, so it must make changes in lifestyles, modify their scales of values, and make another distribution of their economy and free time, among other changes. Several reviews agree that the multiple and varied responsibilities of caring for an elderly person make it difficult for their careers to have the time and strength to take care of themselves. However, caregivers who wish to enjoy greater emotional and physical well-being, as well as to develop optimal performance in related caregiving tasks, need to appreciate the importance of the task they perform and learn how to do it. Ferraz Dos Anjos (2014).

In the family that exists the situation previously raised it is necessary to seek support networks, a new distribution of tasks and their economic pattern, making it essential to change schedules and lifestyles depending on the functional and mental state of the adult to be cared for, in some cases have to assume substantial changes. In the home, it is necessary to make corrections of the environment, look for the possible architectural barriers that constitute potential dangers of falls, the measures must be taken so that the old man feels in the home a pleasant and safe environment for his old age.

At the societal level, changes are needed to achieve satisfactory longevity. To educate the population, the medical and paramedical personnel who will attend them, etc., with the purpose of assuming demographic old age as an important event for which it is necessary to be prepared, this is a challenge that must be reached and it becomes important to look for strategies to offer the old man a safe old age. To fulfill the programs of attention to the greater adult and to establish other new ones that are created prudent is decisive to obtain it for this it is not enough with the works that are carried out by the system of health, it is needed the support of the mass media that manages to reach all the population.

In Cuba, a plan has been initiated to prepare the elderly for satisfactory longevity through the University of the Elderly, but the population is not prepared to assume the role of caregiver.

Table 3. - Behaviors assumed by the caregiver according to his or her training

Caregiver	Feeding		Sleep		Hygiene		Medication	
	C	I	C	I	C	I	C	I
Trained	100	0	95.8	4.2	87.5	12.5	100	0
Not trained	20.8	79.2	16.6	62.5	29.2	70.8	37.5	62.5

Legend: C: Correct; I: Incorrect
Source: survey.

In chart 3, there are significant differences in the caregiver's approach to circumstances that frequently arise in living with an elderly person, all depending on their degree of training. (Table 3)

The 100 % of the trained careers took correct measures in terms of nutrition, medication, very important aspects in the care of the elderly. 87.5 % and 95.8 % of them, respectively, knew how to adopt adequate behaviors and the opposite occurred in the case of the careers surveyed without previous training, of which only 20 were trained. The 8 % acted correctly when faced with feeding difficulties, when there were sleep disturbances only 16.6 % acted adequately, 29.2 % took correct measures in terms of hygiene, only 37.5 % of the caregivers knew how to proceed in the correct way in terms of their medication.

In the surveys carried out, the advantages of training carers were evident, the elderly who are protected by trained personnel have ample possibilities of a healthy old age while care by untrained personnel have a greater danger of being medicated without a medical prescription, assume more possibilities of being mistreated and will receive a greater amount of misunderstandings. All these assumed positions are based on ignorance of the changes that occur during aging which is not synonymous with illness or palliative care, but means decreased ability of the body to adapt to stressful situations.

Annexes

A.1 Thematic plan

A.2 Caregiver Interview

We are carrying out a study on the work done by you, the caregivers. For this purpose, we request your cooperation in the development of this research, expressing your desire to participate, through your signature, as well as the right to leave it at the time you deem convenient. Thank you in advance for your attention.

Caregiver's Name

Signature of approval:

1- Do you know what does to be caregiver mean? Yes____ No____

Age: ____ Sex: ____

2-Schooling:

3- Degree of kinship with the elderly you care:

4- Do you receive a salary for this task?

5- Time spent as a caregiver: Less than a year____ More than a year____

6- Have you received any information on the subject? Yes____ No____

7-Following, we will give you some situations that may arise in your home, mark with an X those that demand an urgent visit to a doctor (you can mark more than one option).

____ Shortness of breath.

____ Heart beats very fast.

____ The older adult does not respond to the call.

____ Older adult has not had a bowel movement for a whole day.

____ Older adult did not urinate as usual.

8- Tell the alternatives that you would use to the following behaviors of the elder:

(Check the correct answer)

- ___ If he/she refuses to eat:
___ If that happens, it's because he/she has no desire; I don't feed him/her.
___ I'm looking for a medicine to whet his/her appetite.
___ He/she visited the doctor.
If your elderly doesn't sleep well
___ I look for the cause in sleep hygiene.
___ I look for a sleep medicine.
___ Left him alone; it is a sign that he/she has no need to sleep.
If he/she refuses to bathe:
___ I forced him, the bathroom is necessary.
___ I look for another time.
___ I don't listen to him.
If he/she doesn't want to take the drugs.
___ I look for another way to offer them to them.
___ I compel him/her.
___ I don't give them to them; maybe he/she doesn't need as much medicine.
If he/she becomes aggressive.
___ I visit the doctor.
___ I tied him/her up.
___ I give him/her a sedative.

BIBLIOGRAPHICAL REFERENCES

- Álvarez González, K., Delgado Cruz, A., Naranjo Ferregut, J. A., Pérez Martín, M. M., & Valdés del Pino, A. M. (2012). Evaluación funcional del adulto mayor en la comunidad. *Revista de Ciencias Médicas de Pinar del Río*, 16(2), 124-137. Recuperado de http://scielo.sld.cu/scielo.php?script=sci_abstract&pid=S1561-31942012000200010&lng=es&nrm=iso&tlng=es
- Anjos, K. F. dos, Santos, V. C., Teixeira, J. R. B., Oliveira, R. N. S. de, Boery, E. N., & Moreira, R. M. (2014). Calidad de vida de cuidadores familiares de ancianos: una revisión integradora. *Revista Cubana de Enfermería*, 29(4). Recuperado de <http://www.revenfermeria.sld.cu/index.php/enf/article/view/253>
- Biblioteca de Salud del Adulto. (2007). Salud en Hogar, Hospicio y Cuidado de Ancianos. The StayWell Company, LLC. Recuperado de <https://carefirst.staywellsolutionsonline.com/spanish/diseasesconditions/Adult/HomeHealth/>
- Caballé, E., Megido, M. J., Espinás, J., Carrasco, R. M., & Copetti, S. (1999). La atención de los cuidadores del paciente con demencia. *Atención Primaria*, 23(8), 493-495. Recuperado de <http://www.elsevier.es/es-revista-atencion-primaria-27-articulo-la-atencion-los-cuidadores-del-14822>
- Cillo, O. (1999). Institucionalización de larga estadía. *Revista de la Asociación Argentina de Establecimientos Geriátricos*, 34.
- De Bartolo Tritto, D. (1999). Evaluación del maltrato en el adulto mayor en la unidad geriátrica «Carlos Fragachan», Ciudad Bolívia. *Ilustrados*. Recuperado de <http://www.ilustrados.com/tema/1697/Evaluacion-maltrato-adulto-mayor-unidad-geriatrica.html>

- Díaz Alfonso, H., Lemus Fajardo, N. M., Gonzáles Cosme, W., Licort Monduy, O. L., & Gort Cuba, O. (2015). Repercusión ética del cuidador agotado en la calidad de vida de los ancianos. *Revista de Ciencias Médicas de Pinar del Río*, 19(3), 478-490. Recuperado de http://scielo.sld.cu/scielo.php?script=sci_abstract&pid=S1561-31942015000300011&lng=es&nrm=iso&tlng=es
- Fernández García, M., & Cárdenas García, S. (1996). La problemática del envejecimiento, realidades y perspectivas. *Revista Hospital Psiquiátrico de la Habana*, 37(1), 59-63.
- Flores, N., Jenaro, C., Moro, L., & Tomªa, R. (2015). Salud y calidad de vida de cuidadores familiares y profesionales de personas mayores dependientes: estudio comparativo. *European Journal of Investigation in Health, Psychology and Education*, 4(2), 79-88. <https://doi.org/10.30552/ejihpe.v4i2.73>
- Gómez Pavón, J. (2010). Calidad de vida relacionada con la salud. La punta del iceberg del complejo abordaje de los ancianos muy mayores. *Medicina Clínica*, 135(4), 162-164. <https://doi.org/10.1016/j.medcli.2009.11.025>
- Guzmán, J. M., & Huenchuan, S. (2005). Políticas hacia las familias con adultos mayores: el desafío del derecho al cuidado en la edad avanzada (p. 24). Presentado en REUNIÓN DE EXPERTOS "POLÍTICAS HACIA LAS FAMILIAS, PROTECCIÓN E INCLUSIÓN SOCIALES". CEPAL, 28 y 29 de junio de 2005, Santiago de Chile: CELADE División Población de la CEPAL. Recuperado de https://dds.cepal.org/eventos/presentaciones/2005/0628/JGuzman_SHuenchuan.pdf
- MINSAP. (2015). Estadística de Salud 2014. Ministerio de Salud Pública. Recuperado de <http://www.sld.cu/sitios/dne/>
- Oficina Nacional de Estadística e Información (ONEI). (2014). La esperanza de vida 2011-2013. (ONEI).
- Oficina Nacional de Estadística e Información (ONEI)/ Centro de Estudios de Población y Desarrollo (CEPD). (2014). *Estudio sobre Envejecimiento Poblacional a partir del Censo de Población y Viviendas 2012*. Cuba: ONEI, CEPD.
- Prieto Ramos, O., & Vega García, E. (1999). *Atención al anciano en Cuba. Desarrollo y perspectivas* (Segunda edición). La Habana, Cuba: Centro Iberoamericano de la Tercera Edad.
- Santander Wannhoff, W. (2016). *Mejoramiento de la calidad de vida del adulto mayor: una responsabilidad de todos*. Chile: UCN Virtual. Recuperado de <http://www.ced.ucn.cl/ucnvirtual/paper/adulto-mayor.htm>
- Valer, D. B., Aires, M., Fengler, F. L., & Paskulin, L. M. G. (2015). Adaptation and validation of the Caregiver Burden Inventory for use with caregivers of elderly individuals. *Revista Latino-americana de Enfermagem*, 23(1), 130-138. <https://doi.org/10.1590/0104-1169.3357.2534>



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