

The Formal and Informal Caregivers: Comparative Analysis Between the Family and Institutional Contexts

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INTRODUCTION

Population aging has become an emerging problem in society. This social problem turned out to have severe consequences, which have been a major concern by the government systems, national and even worldwide. The combination of several factors led to an increase in life expectancy, which is reflected in a number of people with a more advanced age and therefore more dependent. The United Nations projections for world population report that the proportion of young people is declining steadily, reaching 21% of the total population in 2050, while the elderly population is growing, increasing to 15.6% in the same year (INE, 2002). The demographic structure of Portugal, like other developed countries is characterized by an aging population. In 2004, the proportion of elderly population had already reached 17%, exceeding the estimated average for the EU (16.5%) for the same year (INE, 2006). Although most older people are neither sick nor dependent upon, the truth is that the transformations bio-psycho-social in which all older people are, lead to the emergence of some deficiencies and increased susceptibility to disease. Increasing the number of dependent elderly people represents, at the same time, an increasing need for health care and assistance that are provided by social networks of formal and informal support (Andrade, 2009). In the literature is consensual the idea that families are always recognized as the main framework for promoting and maintaining independence and health of its members. Moreover, they are the main entity providing informal care to individuals in the last phase of his life, when their functional abilities and autonomy do not diminish is possible. On the other hand, the formal support services of the social and health resources in the community should have a key role in relieving caregiver burden. In this sense, the central question that guided this study concerns to the comparison between the institutional (formal caregiver) and family (informal caregiver) in providing care to the elderly.

OBJECTIVES

In this study we aimed to:

- know the type of care which are provided to the older people, by Formal and Informal Caregivers;
- understand the perspective of Formal and Informal Caregivers about the care provided, in family and institutional contexts;
- identify the main difficulties involved in providing care for the Formal and Informal Caregivers ;
- identify the support (e.g. social, technical) that are delivered to the caregivers.

METHODOLOGY AND RESEARCH TECHNIQUES

This study used two questionnaire surveys. A survey consisting of thirteen closed questions was applied to ten Formal Caregivers (FCs), employees of a Private Institution of Social Solidarity, in a city of the north of Portugal. Both were female, aged between 20-59 years. The second survey consisted of fourteen closed questions and was applied also to ten Informal Caregivers (ICs), living in the rural area of the same city. Nine were female and one was male, aged between 40-65 years. A comparative statistical analysis was used. The frequency of responses to each questions in the two questionnaires was computed.

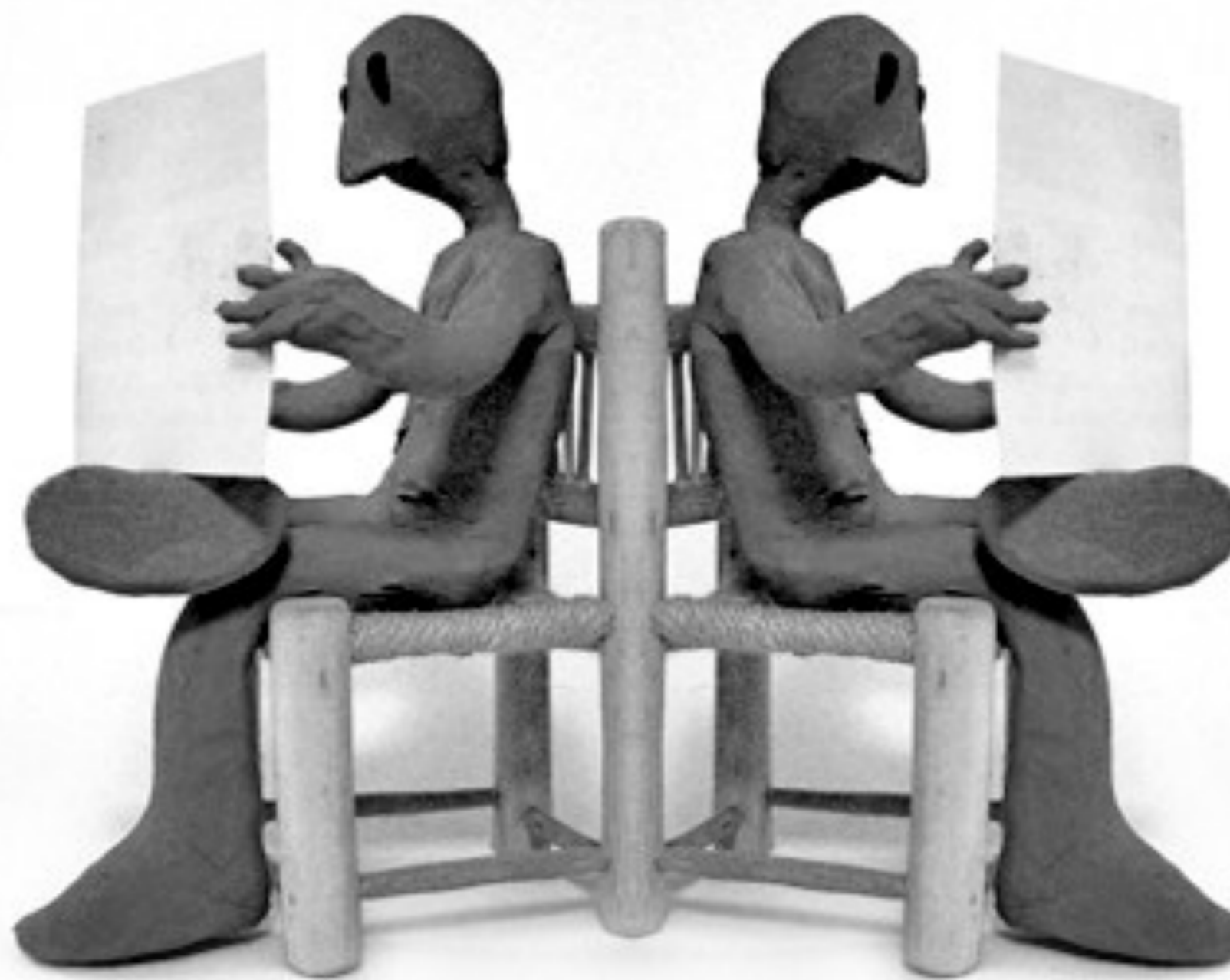
RESULTS

The results showed that the CFs are mostly the sons of the elderly. The acquisition of the role of primary caregiver can be explained by the Compensation Hierarchical Model, also called Hierarchical Replacement Singer (1983) (Paul, 1997). This model supports the existence of an order of refusal to acquire the role of caregiver (spouse, children, other relatives, friends) (ibid.).

It was also found that the CFs provides social and physical cares, while the ICs provide emotional and physical cares. These cares are considered by the participants to be entirely adequate. Moreover, the ICs consider as priority, physiological, psychological and social cares. In turn, for the CF, psychological cares are the mostly important.

CFs appointed two reasons to play this role: like to work with elderly and like to feel competent. For the ICs, the reasons are being familiars of the elderly and therefore feel they have the obligation and duty to exercise that role. This corroborates Lage (2005) witch refer that for some family members, take care of a familiar is a moral responsibility, assuming that they don't want to feel guilty later, while for others it means a sense of duty , i.e, an act of reciprocity .

In despite of this, both, CFs and ICs, feels totally competent to act as a Caregiver. Furthermore, they refer physical fatigue, stress and health changes as main consequences of being a Caregiver.



CFs indicates that the main difficulty of caring is the lack of cooperation from the elderly and ICs point the lack of housing conditions and technical support. The CFs also argues that the cares they provide to the elderly are suitable to their own experiences. Note that the ICs have in charge elderly people with a severe degree of dependence, representing the majority of cases with 50% of individuals. Despite these issues, they consider institutionalization as an alternative and affirm that the reason for not resorting earlier to the institutionalization of the elderly derives from the respect that they have by the will of the same. They believe that the elderly are satisfied with the cares they [ICs] provide.

At the level of technical and social support, ICs said they are not sustained by any entity. As Benjumea (2004) affirm without a network of support, care at home is an impossible task , since the success of home care depends not only of the availability of the families that it's still important, but also the support services needed to implement this provision without creating new discrimination. In fact, it's desirable, since it ensured the necessary formal and informal conditions, the elderly remain in their homes, preserving the character of intimacy

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