

## BELIEFS ABOUT GOOD PROFESSIONAL CAREGIVER OF DEPENDENT SENIORS IN THE HOME CONTEXT

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**ABSTRACT.** This study aimed to investigate the beliefs about what being a good professional caregiver of dependent seniors at home context. This is an exploratory, descriptive and cross-sectional study. The sample consisted of 59 professional caregivers of seniors recruited by convenience. Data were collected through interviews using a questionnaire developed from the literature review. For data analysis, we used the content analysis proposed by Bardin (1977/2000). The categories were classified from three elements of professional competence, namely: knowledge, skills and attitudes. The largest number of variables that characterizes what is to be a good professional caregiver of the elderly in the home context is in category attitudes. The most reported subcategory was the demonstration of affection with 55 units of analysis (39%). The knowledge generated category three subcategories, the most prominent, "technical procedures" with 33 (50,8%) units of analysis. In the category related to attitudes, highlighted subcategory was professional achievement. The results suggest the need to improve the process of training of elderly caregivers, reflecting on the diversity and the multiple dimensions of old age, to promote the improvement of the functional capacity of seniors dependents. Also, it is crucial to encourage reflections on the stigmas, stereotypes and age-related bias; overcome technical deficiencies and strengthen the identity of the professional caregiver.

**Keywords:** Aged; caregivers; beliefs.

## CRENÇAS SOBRE O BOM CUIDADOR PROFISSIONAL DE IDOSOS DEPENDENTES NO CONTEXTO DOMICILIAR

**RESUMO.** Este estudo teve por objetivo investigar as crenças sobre o que é ser um bom cuidador profissional de idosos dependentes no contexto domiciliar. Trata-se de um estudo exploratório, descritivo e transversal. A amostra foi composta por 59 cuidadores profissionais de idosos, recrutados por conveniência. Os dados foram coletados por meio de entrevistas utilizando um questionário elaborado a partir da revisão bibliográfica. Para análise dos dados, utilizou-se a análise de conteúdo proposta por Bardin (1977/2000). As categorias foram classificadas a partir de três elementos da competência profissional, a saber: conhecimento, habilidades e atitudes. O maior número de variáveis que caracteriza o que é ser um bom cuidador profissional de idosos no contexto domiciliar está na categoria atitudes. A subcategoria mais relatada foi a demonstração de afetos com 55 unidades de análise (39%). A categoria conhecimento gerou três subcategorias, sendo a mais destacada, os "procedimentos técnicos" com 33 (50,8%) unidades de análise. Na categoria relacionada às atitudes, a subcategoria destacada foi a realização profissional. Os resultados obtidos sugerem a necessidade de aprimorar o processo de capacitação dos cuidadores formais de idosos, refletindo-se sobre a heterogeneidade e as múltiplas dimensões da velhice, visando promover a melhoria da capacidade funcional dos idosos dependentes. Também, é crucial favorecer reflexões acerca dos estigmas, estereótipos e preconceitos relacionados à velhice; superar as deficiências técnicas e fortalecer a identidade do profissional cuidador.

**Palavras-chave:** Idoso; cuidadores; crenças.

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## LAS CREENCIAS SOBRE EL BUEN CUIDADOR PROFESIONAL DE LAS PERSONAS MAYORES DEPENDIENTES EN EL CONTEXTO DEL HOGAR

**RESUMEN.** Este estudio tuvo como objetivo investigar las creencias acerca de lo que significa ser un buen cuidador profesional de las personas mayores dependientes en el contexto del hogar. Este es un estudio exploratorio, descriptivo y transversal. La muestra estuvo constituida por 59 cuidadores profesionales de edad avanzada fueron reclutados por conveniencia. Se recolectaron los datos por intermedio de entrevistas utilizando un cuestionario desarrollado a partir de la revisión de la literatura. Para el análisis de los datos, se utilizó el análisis de contenido propuesto por Bardin (1977/2000). Las categorías se clasificaron a partir de tres elementos de competencia profesional, a saber: conocimientos, habilidades y actitudes. El mayor número de variables que caracteriza lo que es ser un buen cuidador profesional de las personas mayores en el contexto del hogar está en la categoría actitudes. La subcategoría más reportada fue la demostración de afecto con 55 unidades de análisis (el 39%). El conocimiento generado categoría tres subcategorías, el más destacado, los "procedimientos técnicos" con 33 unidades de análisis (el 50,8%). En la categoría relacionada con las actitudes, subcategoría destacada es el acontecimiento profesional. Los resultados sugieren la necesidad de mejorar el proceso de formación de los cuidadores de ancianos, lo que refleja en la diversidad y las múltiples dimensiones de la vejez, para promover la mejora de la capacidad funcional de las personas mayores dependientes. Además, es crucial para estimular la reflexión sobre los estigmas, estereotipos y prejuicios relacionados con la edad; superar las deficiencias técnicas y fortalecer la identidad del cuidador profesional.

**Palabras-clave:** Anciano; cuidadores; creencias.

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### Introduction

The increase in life expectancy has favored changes in the biopsychosocial, cultural, economic and family contexts. In this scenario, the family underwent transformations in its structure, such as the entry of women into the labor market, co-residence between generations, reduction of the number of children and these children leaving their parents' house increasingly late (Falcão & Bucher-Maluschke, 2010). When there is an elderly dependent at home, a family member usually acts as a caregiver, and this relationship is called informal care (Falcão, Teodoro, & Bucher-Maluschke, 2016). However, there are families that have difficulties to care for this elderly, so they hire formal caregivers (Gonçalves et al., 2013).

The formal (or professional) caregiver, according to the National Health Policy of the Elderly, is a paid professional who works in institutions or homes, caring for the elderly dependent or not, favoring a better quality of life for this and his family (Decreto nº 1.948, 1996). Historically, this professional had inadequate training to provide assistance to the elderly, often being called "companions", performing this function in a philanthropic way and providing this service voluntarily or as a form of charity (Moreira, 2015). At the end of the 1990s, the training of institutional and home caregivers was determined by the Interministerial Ordinance No. 5153/99, which established the National Program for Elderly Caregivers (Portaria Interministerial MS/MPAS nº 5.153, 1999). Also, the Brazilian Classification of Occupations (Portaria ministerial nº. 397, 2002), provided the recognition of caregiver occupation, determining the workload of 80/160 hours, as well as granting rights and benefits to this professional (Portaria Interministerial MS/MPAS nº 5.153, 1999).

Thus, the profession of caregiver has required new skills, such as, training for care to meet the frailties of the elderly, skills and; the capacity to establish a therapeutic relationship (Batista, Morgani, & Lancman, 2014). In this context, the lack of competent formal caregivers has been the subject of discussion in Gerontology. Recognizing the importance of qualifying these people, it becomes crucial, for example, to demystify negative beliefs related to old age, since these can compromise the care provided and the way of perceiving the elderly person (Caballo, 1996). Beliefs are understood as a joining of thoughts and ideas that are embedded in daily life, in judgments and in decision-making. Beliefs and expectations greatly affect how we mentally construct the facts (Vieira et al., & Moreira, 2011). They are influenced by social, historical, political, economic and cultural contexts, and therefore, what for some groups is seen as being a valid belief, for others it may not be. Thus, beliefs are considered behavioral regulators and are fundamental for evaluating the affective and cognitive predictors of behavior in relation to old age and elderly people (Becke, Bernardi, & Martins, 2013).

Attitudes have been a construct commonly investigated by social psychologists, and can be defined as a set of beliefs, feelings and behavioral tendencies of people towards a given object (Rodrigues, Assmar, & Jablonsky, 2012). By knowing the person's attitudes toward a given object, it is possible to predict how he will behave in future situations before the same object (Michener, Delamater, & Myers, 2005). There are three components that compose the attitudes: a) the cognitive, in which the evaluation (beliefs, thoughts) is given because of the advantages and disadvantages on the properties of the object; B) the affective, understood as feeling in favor of or against a certain social object; and c) the behavioral, which is based on the observation of the behavior, or the intention of this, in relation to the attitudinal object (Neiva & Mauro, 2011).

The classical gerontological literature also indicates that attitudes, beliefs and knowledge about old-age, aging and the particularities of this process have implications on the care, health conditions, functionality and quality of life of the elderly (Santos, Ordonez, Silva, & Cachioni, 2011). It also addresses implications for the health, wellbeing and quality of life of professional caregivers assisting in domicile. Meanwhile, there are scant data on the beliefs of formal caregivers regarding the profession that they exercise by requiring the development of studies in this area. It is observed in the existing researches that negative aspects related to the role of caregivers are discussed in general, with emphasis on stress levels, anxiety, overload and depression (Scarpellini et al., 2011).

A study carried out with female formal caregivers of elderly people living in a long-stay institution for the elderly showed that the conceptions reported by them about the main ideal characteristics to adequately exercise this function were a combination of emotional (giving affection, respecting, talking), instrumental (assisting/guiding, taking care of the hygiene, nutrition and medication of the elderly) and professional (knowing how to listen/dedicating themselves to others; being responsible; enjoying the profession) skills (Silva & Falcão, 2014).

Thus, it is corroborated with the importance of professional competence to be based on three elements: knowledge, skills and attitudes, being these interdependent and complementary axes, encompassing cognitive, affective, social and technical variables inherent to work (Durant, 2000). According to this author, knowledge is related to a set of information recognized and integrated by the person within a pre-existing scheme. Such scheme favors "understanding the world", causing an impact on his judgment or behavior. Skill is related to the ability to make productive use of knowledge, that is, to establish knowledge and use them in an action. The attitude, in turn, concerns the affective and social factors inherent to work. In this context, it is a favorable or unfavorable reaction to something or someone, it is often based on beliefs and exhibited through the intended feelings and behavior (Myers, 2014). Thus, the beliefs and values shared by the work team exert an influence on the behavior and performance of its components (Durant, 2000).

There are several conceptualizations about the quality of care provided to the elderly. The theoretical model developed by Wilde, Starrin, Larsson and Larsson (1993) described perceptions of patients about the quality of care understood from four interrelated dimensions: a) the technical competence of caregivers; B) the physical and technical conditions of the organization that provides care; c) the caregivers' beliefs, attitudes and actions; d) the sociocultural environment in the organization of care.

There are, therefore, many factors that can affect the quality of the care directed to the elderly. Taking into account the scarcity of literature on the subject, the well-being of caregivers, as well as the fact that home care sometimes benefits the routine and the quality of life of the elderly, it is necessary the development of this research, which may favor the elaboration of public health policies and proposals for clinical interventions in the area. Based on this information, this study aimed to investigate the beliefs about what it is to be a good professional caregiver of dependent elderly in the home context.

## Method

This is an exploratory, descriptive and cross-sectional study. The sample consisted of 59 formal caregivers recruited by convenience criteria in the city of São Paulo-SP. Recruitment was carried out in two distinct phases. Initially, there was contact with a Home Care company, provider of care services

for dependent elderly, and a list of registered caregivers was requested. From this list, an invitation for their participation in the research was made. Next, we used the “snowball” technique in which the participant indicated another formal caregiver of elderly people who assisted in domicile to participate in the study, even if he was not linked to the Home Care Company. The inclusion criteria in the sample were: to exercise the role of caregiver for at least six months; the caregiver occupation being the only profession exercised; be the sole formal caregiver of the elderly.

The interviews with the caregivers occurred during the months of September and October of 2015 in the company or in the domicile where they provided care services, with a duration of approximately 40 minutes, based on a research protocol containing sociodemographic, economic, labor variables and beliefs about the profession of caregivers of the elderly. The project was approved by the Committee on Ethics in Research with Human Beings of the School of Arts, Sciences and Humanities (EACH) at the University of São Paulo (USP) under registration number CAAE 17489613300005390. All the participants signed the Informed Consent Form, which ensured the secrecy of their identity and their rights in relation to the research, guided by Resolution 466/2012 of the National Health Council of the Ministry of Health. For the present study, the following variables were used:

*Sociodemographic and family variables:* ascertained from a sociodemographic questionnaire to identify gender, age, marital status, educational level, religion, personal income;

*Labor variables and variables of the context of care:* verified from the identification of some link with home care companies, the duration that the profession of caregiver is exercised, if the caregiver has some professional course for the function and the age of the elderly person the caregiver cares for and *Beliefs about the profession and the good quality of care:* identified from the open question: “In your opinion, what is it to be a good professional caregiver for the elderly in the home context?” We emphasize that the use of the adjective “good” elicited the answers about the good quality of care.

The quantitative data were analyzed with the aid of the Statistical Package for the Social Sciences (SPSS), statistical software program, version 17.0. To describe the profile of the sample according to the variables in the study, frequency tables of the categorical variables (gender, age group, etc.) were made, with absolute frequency (n) and percentage (%) values, as well as descriptive statistics of numerical variables (age, income, etc.), with mean values, standard deviation, minimum and maximum values, median and quartiles. Chi-Square tests were used to compare the categorical variables. The significance level adopted for the statistical tests was 5%, that is,  $p < 0.05$ .

The qualitative data were analyzed according to the technique of content analysis proposed by Bardin (1977/2000). A floating reading of the participant's answers was carried out, following the rules of: (a) completeness – exhaustion in the totality of the communication, valorization of all the information obtained; (b) representativeness – universality of the sample investigated; (c) homogeneity – the data were classified in the same theme, they were obtained by equal techniques and applied by similar individuals; (d) relevance – the interviews were adapted to the research objectives; and (e) exclusivity – one element being classified in a single category. The material was coded according to these rules, being made the choice by thematic unit and context unit, obtained through nuclei of sense of the answers.

## Results

According to table 1, related to the sociodemographic profile of the participants, the predominance of females was identified, totaling 58 women (98.3%). The mean age of the participants was approximately 41 years ( $SD = 41.4$ ) and the mean time spent practicing the profession of caregivers was six years ( $SD = 6.45$ ). The marital status that stood out was single (40%); almost half of the participants professed the Catholic religion (48.3%). The majority had a level of schooling higher or equal than high school (72%), a training course for caregivers (61.7%) and a link with Home Care companies (86.8%). Although a large part refused to answer about the monthly income, among those who answered, the mean income was almost two minimum wages ( $SD = 1,422.56$ ). We found that 15 (25.4%) participants cared for people over 91 years old.

**Table 1.** Sample distribution according to sociodemographic and labor variables.

Variables	n (%)	M (SD)
Gender	59 (100)	
Male	1 (1.7)	
Female	58 (98.3)	
Age		41.4 (12.10)
22 - 34 years	19 (31.7)	
35 - 47 years	21 (35)	
48 - 73 years	20 (33.3)	
Marital status		
Married	22 (36.7)	
Single	24 (40)	
Divorced/separated	10 (16.7)	
Widowed	4 (6.7)	
Degree of schooling		
Incomplete primary education	3 (5)	
Complete primary education	14 (23.3)	
Secondary education or +	43 (71.7)	
Religion		
Catholic	29 (48.3)	
Evangelical	17 (28.3)	
Spiritist	7 (11.7)	
Others	2 (3.3)	
Without religion	4 (6.7)	
Income *		1,422.56 (472.97)
R\$ 800 to R\$ 1,235	19 (51.4)	
>R\$ 1,236	50 (48.6)	
Linked to Home care		
Yes	52 (86.8)	
No	07 (13.2)	
Time of profession practice		6.45 (6.69)
≤2 years	24 (40.7)	
2.1 - 4 years	8 (13.6)	
4.1 - 10 years	16 (37.1)	
>10 years	11 (18.6)	
Specific training (caregiver)		
Yes	37 (61.7)	
No	23 (38.3)	
Age of the elderly cared for		83.2 (8.15)
60 - 78 years	16 (27.1)	
79 - 83 years	16 (27.1)	
84 - 90 years	12 (20.3)	
≥91 years	15 (25.4)	

\* value of the minimum wage at the interview: R \$ 788.00, 2015, Brazil.

Regarding the qualitative analysis of the present study, the categories obtained from the content analysis of the answers of the formal caregivers to the question about the beliefs about the *professional caregiver and the good quality of care* are shown in Box 1 and Table 2. For a better understanding, Box 1 presents the definitions of each category, the subcategories, codes and examples of the answers issued by caregivers.

**Box 1.** Categories and subcategories: definitions, codes and examples of answers

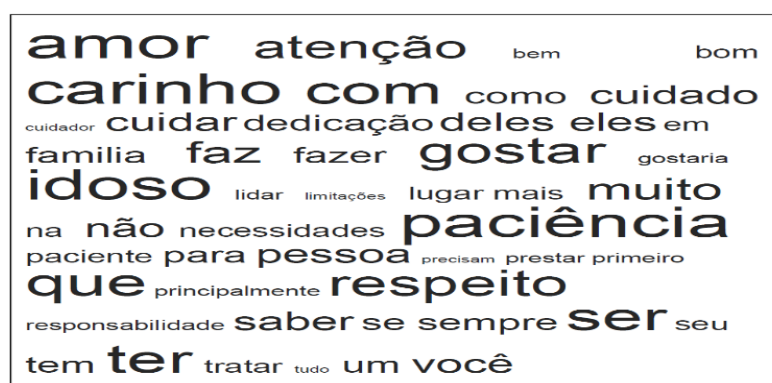
Categories: definitions and codes	Subcategories: codes, examples of excerpts from caregivers' answers
<p><b>Category 1:</b> <i>Skills of a good professional caregiver</i> (Code: SPC).  <i>Definition:</i> In this category, the contents inherent to the skills that a good professional caregiver should have in the exercise of the profession are present. It refers to the skills related to problem solving and conflict mediation in the care of the elderly.</p>	<p>a) <i>Display of affection</i> (DA). E.g.: "Give affection, which is what they most need".  b) <i>Empathy</i> (E). E.g.: "Stand in someone's shoes".  c) <i>Proactivity</i> (Pa). E.g.: "It is important to always stimulate the elderly".  d) <i>Conflict mediation</i> (Cm).  E.g.: "Help the elderly and their families find solutions to everyday conflicts".</p>
<p><b>Category 2:</b> <i>Knowledge of a good professional caregiver</i> (Code: C).  <i>Definition:</i> This category gathers contents about the need to understand the elderly as a whole, seeking to understand their weaknesses, acting in the face of them, in addition to meeting the specific needs that the elderly demands.</p>	<p>a) <i>Technical knowledge</i> (Tk). E.g., "Being aware of the vital signs of the elderly".  b) <i>Knowledge related to gerontological specificities</i> (Gs).  E.g.: "Know how to deal with the issues of old age".</p>
<p><b>Category 3:</b> <i>Favorable attitudes of a good professional caregiver</i> (Code: A).  <i>Definition:</i> This category groups favorable reactions regarding the commitment that a good professional caregiver should have in relation to the dependent elderly in the domicile context, highlighting the importance of being satisfied with the profession; have a posture favorable to the exercise of the profession; love for other people; have good self-esteem; have civic behavior.</p>	<p>a) <i>Civic behavior</i> (Cb). E.g.: "First of all, it is necessary to have respect for others".  b) <i>Professional satisfaction</i> (Ps). E.g.: "You have to like what you job".  c) <i>Appropriate professional Attitude</i> (AA). E.g.: "It is important to know not to take problems from home to work and vice versa".  d) <i>Dedication / Love for other people</i> (DL). E.g.: "We are chosen to do unto others as you would have them do unto you".  e) <i>Have good self-esteem</i> (Se). E.g.: "It is fundamental to be a person happy and good about life".</p>

The first category presented in Table 2 stands out because it contains a smaller number of subcategories. It concerns the importance of the caregiver to have *skills* in dealing with the elderly and with others involved in care. The most reported subcategory is display of affection with 55 units of analysis (39%). The second category obtained refers to the *knowledge* that generated three subcategories, the most outstanding being "technical procedures" with 33 (50.8%) units of analysis. The third category is related to the *attitudes* that a good caregiver must have to exercise the profession, with professional achievement being the outstanding subcategory.

**Table 2.** Beliefs about what it is to be a good professional caregiver for the elderly in the home context.

Beliefs about what it is to be a good professional caregiver for the elderly in the home context	Frequency of the units of analysis	
	n	%
<i>Skills of a good professional caregiver</i>	55	56.1
Display of affection		
Empathy	19	19.4
Proactivity	14	14.3
Conflict mediation	10	10.2
<b>Total</b>	98	100
<i>Knowledge of a good professional caregiver</i>		
Technical knowledge	33	60
Knowledge related to gerontological specificities	22	40
<b>Total</b>	55	100
<i>Favorable attitudes of a good professional caregiver</i>		
Civic Behaviors	53	63,8
Professional satisfaction	19	22,9
Appropriate professional Attitude	5	6,1
Dedication / Love for other people	3	3,6
Have good self esteem	3	3,6
<b>Total</b>	83	100

Figure 1 illustrates, through word cloud representation, the most frequent terms in the answers given by caregivers to this question. In this type of representation, the most frequent words appear highlighted and reflect the most commonly used categories and subcategories.

**Figure 1.** Graphic representation of the contents expressed by the caregivers regarding the beliefs on the “good professional caregiver of the elderly”.

## Discussion

The sociodemographic and labor profile reveals some peculiarities of the formal caregivers who act within the home context. Most are female confirming data from other surveys (Areosa, Henz, Lawisch, & Areosa, 2014; Silva & Falcão, 2014; Stackflethet al., 2012). Although the mean age is close to 41

years, it should be noted that one-third of the sample is made up of young caregivers, and for most of them, this is the first job or the first professional experience. On the other hand, there were also elderly caregivers, who were faced with the need to manage their own personal aging and the demands of the aging of the person being cared for.

The age of the elderly is an indirect indicator of the number of care demands. It was observed that approximately 45% of the caregivers were caring for elderly in advanced age (older than 84 years), which probably reflected in a greater number of instrumental tasks of daily life and greater physical efforts involved in performing these activities.

The qualification of caregivers in terms of level of schooling can be considered satisfactory for the fulfillment of the activities and responsibilities of the care, such as administering medications and other activities that require interpretation of information and reading. The majority of the sample had a course of caregiver for the elderly, although the percentage of those who did not undergo specific training (38.3%) was relevant.

The survey on the beliefs on the *good professional caregiver of the elderly* allowed identifying attributes that the caregivers considered necessary to possess. Broadly speaking, three groups of elements were highlighted, namely *skills*, *knowledge* and *attitudes*. While these sets of elements are critical to most professions' performance, there has been an emphasis on the skills of display of affection, technical knowledge, and civic behavior. These results suggest that most caregivers still believe that these elements are sufficient to provide professional care for the elderly.

Love, respect, affection, and patience were terms commonly used to characterize the activities of a professional who knowingly performs roles, tasks and responsibilities with complexities ranging from moderate to high. This result corroborates the findings of other researches that also emphasized that the exercise of the caregiver profession for the elderly requires a commitment and affective involvement with the being cared for, as well as a daily reflection on what care is and what it represents in its oneness (From, Nordström, & Johansson, 2015; Memoria, Carvalho, & Rocha, 2013).

In a complementary way, the elements cited by caregivers were also composed of Christian or humanistic values, which, despite favoring quality relationships, are insufficient to characterize a professional practice focused on the elderly population. Examples of such statements are the use of terms such as "brotherly love", "to take care of the elderly as we would like to be cared for in old age", etc.

In this scenario, we highlight the socially skillful behavior that refers to the behaviors expressed by a person in an interpersonal context, encompassing attitudes or rights of that individual, in a way that is appropriate to the situation, respecting others and commonly, presenting problem solving in the face of situations. In addition, they tend to minimize the likelihood of future difficulties in the scope of relationships (Caballo, 1996).

These behaviors expressed by the caregivers were vague in terms of *knowledge*, in the sense of recognizing the need to know or master gerontological knowledge and specificities, but without declaring what they would be and how they help in the performance of their duties. Through the subcategories, we also observed the limited number of terms to describe the elements, in which a complex role was limited to a simple description. In the context of the necessary knowledge in the search for qualification, it is emphasized the importance of providing gerontological education that involves understanding of aging and its heterogeneity, taking into account senescence and senility. Such knowledge allows actions guided by, for example, the stimulation of skills preserved even in the old age with dependencies, the respect for the autonomy of the elderly in daily decision making, as well as in the resolution and mediation of conflicts or problems that arise in the context of home care.

It is emphasized that beliefs are fundamental to promote a change in already established attitudes (From, Nordström, & Johansson, 2015). Therefore, in order to form new attitudes or to modify pre-existing attitudes, interventions would necessarily involve the acquisition of new information on the object, that is, the reconfiguration of beliefs. In this approach, it is important that institutions that provide assistance to the elderly value existing beliefs on a given phenomenon so that they can improve care quality (Oliveira, Boaretto, Vieira, & Tavares, 2014).

As well as one of the dimensions of the theoretical model of Wilde et al. (1993) describes, the caregivers' beliefs about what it is to be a good professional caregiver or about the good quality of care,

directly influence the way they exercise care and how they handle in different situations. The need for increased investment in training and qualification of these professionals is therefore highlighted. It can be seen that, although recognized as a profession, the professional caregiver of dependent elderly people is still exercised by individuals whose beliefs refer to philanthropic, humanist, and Christian concepts, which in themselves do not define a professional practice. Although many caregivers are linked to a company that provides services, it is noted that there is still a gap in competencies involving the quality of care with excellence.

According to the results and achievements of the Ministry of Health, published in 2009, the launch of the National Caregiver Training Program took place in October 2008 and aimed to train 65,000 caregivers by 2011. From this perspective, it was also established that the training of caregivers of the elderly within this program would have some defined guidelines, indicating that the training seeks to prepare them to identify health risks, such as when administering medications, diagnosis of difficulties, risks of domestic accidents and promotion of social insertion of the elderly. According to Faht and Sandri (2016), in the lack of a guiding policy that defines at least a basic curriculum, the courses of caregivers of the elderly that occur in Brazil do not follow a standardized guidance, being at the discretion of the educational institutions to organize their program. Thus, it is necessary to organize the legal qualification of this professional, in line with a national policy that presents standardized criteria for the quality training of future caregivers of the elderly.

## Final considerations

The study identified the need to improve the qualification process for the formal caregivers of the elderly, reflecting on the multiple dimensions of old age and its heterogeneity; and the stigmas, stereotypes and prejudices aiming to promote the improvement of the functional capacity of the dependent elderly; favoring the construction of critical thinking; overcoming technical deficiencies and strengthening the identity of the professional. Among the many aspects, in order to develop competencies, it is crucial to give them the opportunity to change attitudes. Although companies and caregivers need to learn and develop competencies, resources (e.g., educational, financial, etc.) are not always available or perceived by stakeholders.

As shown, the words most mentioned by the caregivers were love, affection, patience, respect, liking, elderly, attention, having and being. Thus, for these caregivers such actions and feelings are sufficient to exercise care with excellence. This result sometimes denoted a romanticized or philanthropic view of the profession. It is noticed that although they are crucial in the caring process, they are insufficient for the success of care practices in the context of elderly health in the home context. On the other hand, it is necessary to reflect that these feelings may indicate a primary motivation of these caregivers to exercise their profession.

Finally, it is essential that this professional is prepared to be not only a "companion" for the elderly, but also, to favor conditions that provide a good quality of life and wellbeing to his target of attention. The support of Home Care companies, families of the elderly and effective public policies can exert a positive influence on this journey. It is also necessary to consider the importance of substitute caregiver services, as well as the value of self-care, information services and guidelines on resources available in the community, social support groups and psycho-gerontological support to these professional caregivers.

For future studies, it is suggested, for instance, to develop through the research method an investigation about the beliefs of the caregivers on old age and aging and their correlation with caring activities, seeking to demystify beliefs that harm or hamper the action of these professionals.

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Received: Jul. 01, 2016  
Approved: Apr. 26, 2017

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