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SIGNOS E SIGNIFICADO DA RELIGIOSIDADE PARA O CUIDADOR FAMILIAR DE IDOSOS

SIGNS AND MEANING GIVES RELIGIOSITY FOR OR IDOSOS FAMILY CAREGIVER

SIGNOS E SIGNIFICADO DA RELIGIOSIDADE PARA EL CUIDADOR FAMILIAR DE IDOSOS

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RESUMO

Introdução: No Brasil, a pluralidade de crenças favorece a procura da espiritualidade como sustentação emocional aos problemas diários e limitações no processo do cuidar.
Objetivos: Analisar relatos de cuidadores familiares de idosos dependentes sobre o significado da religiosidade nos cuidados prestados no domicílio.
Métodos: Desenvolveu-se um estudo qualitativo fundamentado no interacionismo simbólico, mediante entrevistas semiestruturadas e observação livre, com dez cuidadores familiares de idosos em seus domicílios.
Resultados: A análise da compreensão dos signos e significados da religiosidade atribuídos pelo cuidador foram expressos nas seguintes temática: a fé para o enfrentamento dos problemas no cuidar do idoso dependente; a oração para fortalecer o cuidado e apelo à paciência e obediência aos princípios bíblicos e religiosos. Destaca-se que o mecanismo da religião é promotor de acolhimento, criação de vínculos e apoio social, influenciando os hábitos e estilos de vida no contexto do cuidar do idoso dependente.
Conclusões: O estudo revela a religiosidade e a espiritualidade como mecanismo de apoio no enfrentamento das dificuldades de cuidadores familiares.

Palavras-chave: cuidadores; idosos fragilizados; religião; espiritualidade; promoção de saúde.

ABSTRACT

Introduction: In Brazil, the plurality of beliefs favors the search for spirituality as an emotional support to daily problems and limitations in the care process.
Objectives: To analyse reports from family caregivers of elderly dependents about the meaning of religiosity in the care provided at home.
Methods: A qualitative study based on symbolic interactionism was developed through semi-structured interviews and free observation with ten family caregivers of the elderly in their homes.
Results: The analysis of the understanding of the signs and meanings of religiosity attributed by the caregiver were expressed in the following themes: Faith to face problems in caring for elderly dependents; Prayer to strengthen care and appeal to patience and Obedience to biblical and religious principles. It is noteworthy that the mechanism of religion promotes welcoming, bonding and social support, influencing habits and lifestyles in the context of caring for the dependent elderly.
Conclusions: The study reveals religiosity and spirituality as support mechanism to face the difficulties of family caregivers.

Keywords: caregivers; frail elderly; religion; spirituality; health promotion.

RESUMEN

Introducción: En Brasil, la pluralidad de creencias favorece la búsqueda de la espiritualidad como un apoyo emocional a los problemas diarios y las limitaciones en el proceso de atención.
Objetivos: Analizar los informes de los cuidadores de ancianos dependientes sobre el significado de la religiosidad en la asistencia domiciliaria.
Métodos: Se desarrolló un estudio cualitativo basado en el interaccionismo simbólico a través de entrevistas semiestructuradas y observación gratuita, con diez cuidadores familiares de ancianos en sus hogares.
Resultados: El análisis de la comprensión de los signos y significados de la religiosidad atribuidos por el cuidador se expresó en los siguientes temas: Fe para enfrentar problemas en el cuidado de personas mayores dependientes; Oración para fortalecer el cuidado y apelar a la paciencia y la obediencia a los principios bíblicos y religiosos.
Es de destacar que el mecanismo de la religión promueve la acogida, el vínculo y el apoyo social, influyendo en los hábitos y estilos de vida en el contexto del cuidado de las personas mayores dependientes.
Conclusiones: El estudio revela que la religiosidad y la espiritualidad ayudan a enfrentar las dificultades de los cuidadores familiares.

Palabras clave: cuidadores; ancianos frágiles; religión; espiritualidad; promoción de la salud.

INTRODUCTION

The aging of the population grows at an accelerated pace, with complex challenges, due to its multidimensional character, it impacts on people's lives and imposes global challenges on the reorientation and implementation of public policies (Li, Han, Zhang, & Wang, 2019; Barros & Goldbaum, 2018; World Health Organization , 2015a).
This phenomenon results from scientific and technological advances; lifestyle changes; debates in contemporary societies; improvement of the elderly population's access to health services and related sectors and evolution of political and legal

frameworks (World Health Organization , 2015b; Brasil, 2017).
The United Nations (World Health Organization, 2019) estimates the continued increase in people aged 60 and over until 2050, explained by the fall in fertility rates. The characteristics of aging vary in different regions of the world. World Bank report states that the global population aging rate shows annual growth on six continents: Europe (0.1532%), Oceania (0.0873%), Asia (0.0834%), South America (0.0723%), North America (0.0673%) and Africa (0.0069%). Of the 195 countries analyzed, 44 showed a decreasing trend in these rates, mainly Africa and Asia (Li et al., 2019).
In China, demographic statistics reveal that the number of elderly people reached 241 million at the end of 2017; an increase of almost 5% in one year. This fact is a challenge for the Chinese health system and the need for continued geriatric care (Chen, Kang, Liu, & Liu, 2019).
Brazil has followed the growth of aging rates in the international scenario and has developed public policies for the care of the elderly. In this context, the National Policy for the Elderly stands out (Brazil, 1994); National Health Policy for the Elderly (Brazil, 1999); Elderly Statute (Brazil, 2003); and the National Commitment to Active Aging (Brasil, 2013). However, there are still no Brazilian social policies that support elderly caregivers.
Parallel to aging, the urgency of care for this population segment emerges. Families become caregivers and references of affection and care for the elderly. In this perspective, family caregivers assume responsibility for the elderly without social protection, maintaining informal work. This position challenges the management of changes in the routine of life and the resources that allow the activities of the caregiver to be reconciled with this new function (Nunes, Alvarez, Costa, & Valcarenghi, 2019).
Elderly caregivers assume an overload of activities, which are exhausting and repetitive, whose relationship triggers conflicts and tensions. This dynamic weakens the caregiver, making him vulnerable to illness, driving him to identify strategies to cope with stress, fear, anguish, sudden change in family arrangements and the life project of those involved (Garces et al., 2012; Lopes & Massinelli , 2013; Paula, Roque, & Araújo, 2008). Among these strategies, there is religiosity, as a way of easing and/or facing the challenges of caregivers (Pessotti, Fonseca, Tedrus, & Laloni, 2018).
Brazil is a religious country, with different beliefs that permeate social groups and geographic spaces (Mello & Oliveira, 2013; Neri, 2011). Religion is potent in coping with difficulties, it favors acceptance of reality, vulnerability management and the promotion of well-being (Alshehry, Almazan, & Alquwez, 2019; Kate, Koster, & Van Der Waal, 2017; Cunha & Scorsolini - Colin, 2019). These facts do not eliminate suffering, but they support living with adversity, in the exercise of understanding, compassion and empathy, and influence in overcoming problems (Mello & Oliveira, 2013).
The religion/health/disease interaction means positive gains in the involvement of people and family members and includes the provision of systems of meaning and feelings of strength to deal with stress and adversity (Williams & Sternthal, 2007).
In this logic, it is questioned about the meaning of religion in the life of the family caregiver and sought to analyze reports of family caregivers of dependent elderly people about the meaning of religiosity in the care provided at home.

1. METHODS

1.1 Study type

It is a qualitative study that seeks to understand the signs and meanings of religiosity, attributed by the family caregiver of dependent elderly people at home. Qualitative research expands the possibility of viewing the problem more consistently and intensifies actions in social relationships (Minayo, 2014).
To understand the breadth of the data, the symbolic interactionism approach was used, which offered theoretical foundations to understand, from the perspective of the caregiver, the meaning of religiosity, its construction, the interpretations and behavioral changes when caring (Blumer, 1969; Carvalho, Borges, & Rego, 2010; Brasil & Silva, 2016).

1.2 Participants

Ten elderly caregivers were selected for convenience (Polit & Beck, 2018), 2 males and 8 females, appointed by health professionals and Community Health Agents (CHA) of Primary Health Care (PHC). Then, contact was maintained with them. Caregivers of elderly people in situations of physical, cognitive, mental and social dependence, with family ties, residing in the elderly's home, regardless of religious belief, participated.
Caregivers from long-term institutions and formal caregivers were excluded. The number of study participants brings limitations to the lack of access to caregivers as a result of the vulnerabilities existing in the study scenario (Ceará, 2014). It is noteworthy that because it is a qualitative study, the number of participants represents a representative analysis as mentioned in studies by Jones, Sutton & Isaacs., 2019 and Silva et al., 2018.

1.3 Data collection procedures

Data collection took place from January to March 2018, through free observation and semi-structured interview, carried out by a research group with higher education in health, experience in research and the theme. The observation consisted of notes on the

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structural conditions of the environment, attitudes and values in the care process. The interview addressed questions about the meaning of religion in the way of caring.
The survey was carried out at home, a natural environment for caregivers and the elderly. The elderly, whose caregivers participated in this study, were all female, linked to PHC. The research scenario is a neighborhood in the city of Fortaleza, Ceará, Brazil, characterized by social inequalities and vulnerabilities, given the Human Development Index (HDI) of 0.38 (Ceará, 2014).
The interview was individual, unique, with an average duration of 40 minutes, in a location indicated by the respondents in the households, which allowed audio recording and signed the free and informed consent form. After the interview, observation notes were made, which was recorded in the previously prepared script. The completion of the collection took place after the identification of the repetition of ideas in the interviews, by three researchers.
The interviews were transcribed in full, read thoroughly and organized by similar and significant ideas, composing the theme related to the meaning of religiosity attributed by the caregiver when providing care to the elderly at home.

1.4 Data analysis
The interpretation of the findings was based on the concepts of symbolic interactionism, which made it possible to understand the subjectivity of the participants through the expressions and feelings of their experiences.
In this sense, Blumer (1969) argues that the human being acts and interacts in the world as he perceives it, defends that the reciprocity of roles is an important factor for the communication and affective interaction of symbols. According to the same author, there is no separate action from interaction, because everything a person is and does is processed in the act of interacting symbolically with other people.
The signs expressed from the analysis of data by participants were grouped into three distinct groups: Faith to face the problems in caring for the dependent elderly; Prayer to strengthen care and appeal to patience and Obedience to biblical and religious principles. Each group has specific attributions of meaning to the religious domain that reveal particular aspects of the experience of religiosity in the context of providing informal care to dependent elderly people at home.
To preserve the participants' identities, kinship was used followed by the word caregiver plus numbers from 1 to 10 next to the answers , transcribed from the interview records, hereinafter referred to as “speeches”/“dialogues” on the themes .
The research followed the ethical aspects according to the opinion of nº. 1.326.631, following Resolution no. 466/12, of the National Health Council (CNS , 2012).

2. RESULTS

Of the 10 caregivers, eight women and two men are sociodemographic characteristics, aged between 38 and 60 years, with an average of 50 years; as for religion, half called themselves as catholic and the other evangelical.
Regarding family ties, affiliation, one son and three daughters predominated, followed by two sisters, a niece, a husband and two daughters-in-law of the dependent elderly. Half of family caregivers possess the appropriate education to school average, four to complete elementary school and one to elementary school incomplete .
Regarding economic income, five caregivers have no financial reward from the family. Among these, three were developing work in their own home environment, for proceeds to meet their financial needs. In this scenario, one of the caregivers was a manicurist, the other was a businessman, a trader and, the other caregivers, “housewives”. Of the participants who received a monthly income , this varied from one to two minimum wages, at the time R$ 998.00 reais.
The care time with the dependent elderly varied between one and ten years of work and nine mentioned that they have not been qualified (or able) to take care of the elderly.

- **Faith to face the problems in caring for the dependent elderly**

When dealing with care, four users attribute the routine to exhaustive and resort to faith as one of the support strategies that can facilitate daily dynamics and accept situations that cannot be changed .
Among several difficulties that families and the elderly face in the process of caring and being cared for, religiosity stands out as a support against the daily routine. The search intensifies faith acceptance of care and live with the addiction.
Family caregivers reported difficulties, mainly due to the act of taking care of themselves, since the dependent elderly person causes sudden changes in the family routine, which leads to physical, social and psychological stress.
Most of the time, this caregiver is unique and seeks in his faith the strength necessary to face the difficulties:

> *You have to have faith, because if you don't have faith in God, you can't overcome problems. There are so many problems [...] (Sister - Caregiver 1)*
> *I get attached to God, to find strength [...], because there is no one to help me. [...] I often cry [...] then I say: Lord give me strength. But soon God gives me the strength I need, and I recover. (Niece - Caregiver 2)*

In the daily life of the family caregiver, work overload is experienced by the fear of verbalizing the problem and this being misinterpreted , such as lack of love for parents or ingratitude for the people who supported them.
Overload often generates uncertainties and demands regarding care, in this context, caregivers rely on faith in the face of routine:

> *It's not easy. Many demands from my brothers [...] from all over the world. I seek in my faith in God that everything I do for my mother will be rewarded. (Daughter - Caregiver 5)*
> *Faith in God [...] When you have faith, things work better [...], when you see a case like this of a lot of struggle at home, you start to believe that only God is for all things. (Sister - Caregiver 1)*

- ***Prayer to strengthen care and appeal to patience***

In the study , three caregivers recognized the act of praying as an important component in daily and informal care. However, appeal to the request for patience in prayer as a means to cope with daily activities and charges of yourself and family are common mechanisms in the routine of elderly caregiver:

> *Every day I ask God for strength in my prayers. (Daughter – Caregiver 5)*
> *Lord, give me the strength to take care of her, patience, because there are moments that I can't . Since she is my mother-in-law, outsiders all keep an eye on me. But I care for love and gratitude. But I only say this to God and it is for Him that I ask for the necessary strength. (Daughter-in-law - Caregiver 4)*

In this sense, the practice of prayer does not appear to be sufficient to calm the anguish that is installed among the caregiver daughters about the understanding of the other about the nuances in which care is offered. It is noted that it is necessary that these daughters are “fed by hearing the word” and reaffirm for themselves and that it can echo in the other that they have patience:

> *[...] I am watching Father Manzzoti a lot. He talks a lot about the caregiver, he prays for us caregivers, that we have patience (Daughter - Caregiver 5).*
> *[...] I care for love. I am afraid of thinking that I have no patience with my mother, so I just vent to God in my prayers. I have patience, thank God, I ask God every day (Daughter - Caregiver 5)*

Prayer was recognized by the participants as a significant resource for coping with the adversities that permeate the act of caring, as well as encouraging the outburst by establishing a direct communication channel with God , about the hard journey of being family caregivers , whose role adds other challenges existential.

- ***Obedience to biblical and religious principles***

Obedience to biblical and religious principles, in many families, are rooted in culture and moral of each. In the opinion of caregivers , accountability of caring the next is a biblical principle and is independent of the contribution of other family members. Highlights and praises God's love for each other and, believe in this love, care the weight is light:

> *My biblical principles help me a lot in caring [...] for God is Father and Jesus, Son. I don't care if I'm alone to take care. (Son – Caregiver 9)*
> *God teaches love of neighbor; He teaches about all things and to love your neighbor as yourself [...]. I know I'm really alone to take care of it, but I don't care. (Daughter-in-law – Caregiver 6)*

The act of believing that acceptance caregiver routine is by culture of doctrinal principles and biblical, makes many people seek this support for the difficulties of everyday life.
Participants understand that religion positively influences caring and assume the role of support. Religion allows, in the perception of caregivers, an amount of knowledge that helps them in the face of the complexities of care:

> *I left my life to look after her. But it brought me closer to God and now I am more of the church. (Daughter-in-law - Caregiver 4)*
> *Religion influences because we get dark and dawn together, spend our money deprivations together, we pray together, we sleep together, pray and wake up [...], we are going on with our lives as God wants. (Husband - Caregiver 8)*

The mechanism of religion is to promote the host, the creation of links and social support. Religion is a powerful feature to minimize behaviors that are not standardized socially and in promoting social behavior legitimized, between the studied public.
However, a granddaughter's “speech”/“dialogue” contradicts the majority and denies the influence of religion on the ways and modes of caring. It is important to register two caregivers did not mention the religion as a source of principles for caring for the dependent elderly at home.

> *I believe that this issue of religion does not influence anything. (Granddaughter - Caregiver 10)*

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3. DISCUSSION

As age grows, health needs tend to become chronic and complex (World Health Organization, 2015b) and difficulties arise due to the degree of dependence on third parties that are present and necessary daily in the life of the elderly (Souza et al., 2017).

It is recurrent in the literature that the social reality gives women greater responsibility for household chores and the consequent care of the family. And it attributes the male figure as having the capacity of provider, with an association with work outside the home, whether formal or informal (Meira, Reis, Gonçalves, Rodrigues, & Philipp, 2017).

By placing gender asymmetries in religious conceptions, contradictions in the principles of equality between men and women in humanity are identified. In this perspective, the religious prints aspects spiritual, through moral, philosophical, training of religious groups, doctrines and traditions, seeking to answer the questions of life and align to the way of living collective and individual, can influence the interaction other people based on beliefs (Geronasso & Moré, 2015; Zarzycka, Rybarski, & Sliwark , 2017; Arrey, Bilsen, Lacor, & Deschepper, 2016).

Religiosity offers guidelines for human behavior, reduces self-deprecating tendencies and promotes strategies in the face of life's adversities. Both religiosity and spirituality are considered components of man's life, influencing social, cultural interactions and the psychological dimension (Zerbetto et al., 2017).

However, spirituality is not limited to a religious doctrine, it is believed in a subjective, individual philosophy that permeates the appreciation and meaning of life (Nascimento et al., 2013). It does not fit as a complete and consensual definition regarding its definition and is not linked to the belief in God, it is something indefinite and much greater that emerges the totality of the universe and the purpose of life (Nunes, Leal, Marques , & Mendonça, 2017).

In this context, the convergence and conceptual divergences between religiosity and spirituality involve multiple meanings. The positions between religion and spirituality continue to occupy diverse spaces between individuals, families, communities and nations (Pargament et al., 2013; Zinnbauer, 1997).

In this sense, religiosity is the way to express spirituality through values and philosophy, both being interconnected (Ivan, 2017). Cruz, Alshammari, Alotaibi and Colet (2017) reiterate that spirituality and religiosity directly affect the quality of life, generating impacts on the morbidity and mortality of those who suffer. These two components of faith connect with values, beliefs and attitudes, improving the quality of life (Weather, 2018; Rassol, 2015).

The influence of religiosity in supporting the caregiver of dependent elderly people at home allows them to face the adversities experienced and the religious practice of prayer, prioritizing the spiritual guidance of faith through a 'Higher Being' who will bring answers to what is asked for in prayer, assisting in daily difficulties (Sanchez & Nappo, 2008).

The family caregiver's resilience in the daily care task impacts on the preservation of health and quality of life of these individuals. Despite the significant challenges faced throughout this process, faith promotes acceptance, resignation, serenity and assistance in suffering (Pessotti et al., 2018).

It is emphasized that the adequacy of the person's behavior and the acceptance of what life imposes, through his biblical teachings, corroborates with the data of this study, in which the sacred scriptures were considered as a source of teaching and acceptance. Religion involves doctrine, that is, a set of principles to be respected and/or followed (Borges, Santos, & Pinheiro, 2015).

The commitment and respect for such principles that provide the person with opportunities to accept difficulties. The individual, when pursuing a religious belief and engaging with religious patterns, adheres to a set of values, symbols, behaviors and social practices that promote a better acceptance of determinants for their happiness (Faria, David, & Rocha, 2011 ; Jones, Sutton, & Isaacs, 2019).

In this scenario, religion runs through belief and practice in an individualized way, but it can be experienced in a public or organizational way, taking into account the presence in churches or temples, or of a non-organizational character, far from religious institutions or in a more intrinsic way, through prayers, meditations, prayers and readings (Amorim, Silveira, Alves, Faleiros , & Vilaça, 2017).

In the cultural context between religiosity and spirituality, as a plurality of beliefs, it was evident in the studied scenario, from the perspective of the dependent elderly caregiver, the search for religion is necessary to face daily problems, being, many times, support of hopes and overcoming (Reis & Menezes, 2017).

The act of attending a religious service and/or church is a supplementary resource. Religion plays a mediating role in the purpose of its followers in adopting healthy habits and lifestyles, as well as in the production of values to follow (Santos et al., 2013).

This fact is justified by the person's ability to self-control and self-regulate in the emotional, cognitive (through beliefs) and behavioral spheres to achieve success in many areas of life (McCullough , & Willoughby , 2009).

The prioritization of religiosity brings to the caregiver, who is often seen in the world with problems and depression, the recovery of optimism and faith that supply loneliness (Souza et al., 2017). This generates an optimistic feeling and provides, in view of their daily functions, strength and confidence (Barbosa, Ferreira, Melo, & Costa, 2017; Silva, Moreira-Almeida, & Castro, 2018).

Although most are self-styled religious polarization between the catholic and evangelical religions, a significant “speech/"dialogue" denies the influence of religion on the performance of elderly care. This speech emerged from a

granddaughter and possibly be understood by regarding affections property has gone between grandparents and grandchildren. The literature shows itself scarce about the care dispensed by grandchildren to the elderly but demands ample investigations to enter this intergenerational scenario.

The main limitation of the study is the homogeneity of the sample in relation to religious belief, making it impossible to compare the different conceptions of religion and spirituality. In this sense, investigations that analyze values and purposes inherent to the human condition are urgent, as well as studies on the multitude of signs and meanings that involve spirituality and religiosity (Christian, Jewish, Buddhist, Evangelical, Agnostic, Atheist, among others) and the multiple and complex gender issues.

CONCLUSIONS

The progressive aging of the world population brings with it questions that provoke family rearrangements in an attempt to provide care for the elderly. Who generally assumes this role is the family or informal caregiver, assuming a complex task that directly impacts on personal, work and social life.

In this sense, it is important to reflect on the family caregiver who, many times, annuls his social life, his nuclear family and even himself to dedicate himself to the act of caring. Most research in the area, as well as, professional practice in health services is aimed at the elderly, not focusing on family caregivers.

This research reveals that religiosity and spirituality help in coping with the daily difficulties experienced by family caregivers of dependent elderly people , meaning strength, relief, support and resilience for them, since they promote the acceptance of the mission of caring for their loved ones.

Thus, it is observed that there is still much to be pondered over this paradigm of health care for the elderly depend on you n tooth and the family caregiver in a comprehensive manner, dignified and humane.

It is noteworthy that even with ten caregivers, the study will contribute to the literature, which is scarce on the subject in Brazil. The research highlights the need to develop new investigations, with larger and more diverse populations due to the phenomenon that involves the dependent elderly caregiver and religion and/or spirituality.

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