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REQUISITOS PARA A ASSUNÇÃO DO PAPEL DE PRESTADOR DE CUIDADOS: A PERCEÇÃO DOS ENFERMEIROS
REQUISITES FOR ASSUMING THE ROLE OF CAREGIVER: NURSES' PERCEPTIONS
REQUISITOS PARA ASUMIR EL ROL DE CUIDADOR: PERCEPCIONES DE LAS ENFERMERA

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RESUMO

Introdução: A assunção do papel de prestador de cuidados é uma experiência desafiadora e exigente, implicando um conjunto de requisitos necessários, pelo que é essencial a sua identificação.
Objetivo: Conhecer a perceção dos enfermeiros sobre os requisitos para a assunção do papel de prestador de cuidados.
Métodos: Estudo descritivo exploratório com abordagem qualitativa. Foram realizadas entrevistas semiestruturadas a enfermeiros gestores, enfermeiros especialistas e enfermeiros de cuidados gerais de um hospital da região centro de Portugal. Procedeu-se à análise de conteúdo, com apoio do software MAXQDA Analytic Pro 2022.
Resultados: Da análise das nove entrevistas realizadas, emergiram três categorias e respetivas subcategorias: Aceitação (Compromisso, Consciencialização, Envolvimento, Autoeficácia); Competências (Conhecimento, Capacidades, Requisitos adequados à pessoa que é cuidada); Recursos (Disponibilidade, Económicos, Arquitetónicos, Recursos na comunidade, Suporte informal e Ajudas técnicas).
Conclusão: Os requisitos para a assunção do papel de prestador de cuidados são múltiplos e variáveis tendo em consideração as necessidades da pessoa dependente. O conhecimento destes requisitos pode melhorar significativamente a ação padronizada dos enfermeiros nesta área de intervenção, contribuindo para uma transição situacional saudável.

Palavras-chave: cuidadores; pesquisa qualitativa; cuidados de enfermagem; pacientes

ABSTRACT

Introduction: Assuming the role of caregiver is a challenging and demanding experience involving a set of necessary requisites, which is why it is essential to identify them.
Objective: To know the nurses' perception of the requisites for taking on the role of caregiver.
Methods: This is a descriptive exploratory study with a qualitative approach. Semi-structured interviews were conducted with nurse managers, specialist nurses, and general care nurses at a hospital in central Portugal. Content analysis was conducted using MAXQDA Analytic Pro 2022 software.
Results: From the analysis of the nine interviews, three categories and their subcategories emerged: Acceptance (Commitment, Awareness, Involvement, Self-efficacy), Competencies (Knowledge, Capabilities, Requisites appropriate to the person being cared for); Resources (Availability, Economic, Architectural, Resources in the community, Informal support and Technical assistance).
Conclusion: The requisites for assuming the role of caregiver are multiple and variable, considering the needs of the dependent person. Knowledge of these requisites can significantly improve the standardized action of nurses in this area of intervention, contributing to a healthy situational transition.

Keywords: caregivers; qualitative research; nursing care; patients

RESUMEN

Introducción: Asumir el papel de cuidador es una experiencia desafiante y exigente, implicando una serie de requisitos necesarios, por lo que es esencial identificarlos.
Objetivo: Conocer la percepción de las enfermeras sobre los requisitos para asumir el papel de cuidadoras.
Métodos: Un estudio exploratorio descriptivo con enfoque cualitativo. Se realizaron entrevistas semiestructuradas a enfermeras gestoras, enfermeras especialistas y enfermeras de cuidados generales de un hospital del centro de Portugal. El contenido se analizó con el programa MAXQDA Analytic Pro 2022.
Resultados: Del análisis de las nueve entrevistas surgieron tres categorías y sus subcategorías: Aceptación (Compromiso, Concienciación, Implicación, Autoeficacia); Habilidades (Conocimientos, Capacidades, Requisitos adecuados a la persona atendida); Recursos (Disponibilidad, Económicos, Arquitectónicos, Recursos en la comunidad, Apoyo informal y Ayudas técnicas).
Conclusión: Los requisitos para asumir el rol de cuidador son múltiples y variables, teniendo en cuenta las necesidades de la persona dependiente. El conocimiento de estos requisitos puede mejorar significativamente la actuación normalizada de las enfermeras en este ámbito de intervención, contribuyendo a una transición situacional saludable.

Palabras Clave: cuidadores; investigación cualitativa; atención de enfermería; pacientes

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INTRODUCTION

The definition of caregiver is explained by different organizations and legislative documents. Specifically, the International Council of Nursing (2011) defined a caregiver as a person who has responsibility for caring for another. Their assumption is characterized by the adoption of behaviors/values after a process of internalization of expectations that health professionals, family members, and other members of society have regarding appropriate behaviors in the development of competencies. Article 2 of Decree-Law no. 100/2019 of September 6 defines the main informal caregiver as a person who cares for another person on a permanent basis, and the non-main caregiver as a person who provides care only on a regular basis, without any remuneration (Decree-Law no. 100/2019 of September 6, Assembly of the Republic, 2019).

The role of the caregiver can be analyzed from the perspective of Afaf Meleis' Transitions Theory (Schumacher & Meleis, 1994), as this process can be considered a situational transition. According to Melo et al. (2014), the requisites for taking on this role may be related to the facilitating conditions and are variable, considering the needs/demands of the person being cared for.

Few studies in the literature have explored the requirements necessary for caregivers to assume their role from the nurses' point of view. A qualitative study carried out in Spain by Useros et al. (2012), with the aim of exploring nurses' social representations and perceptions of informal caregivers of dependent people, showed that nurses recognize their importance and refer to the families who take on this role as a target for nursing care. The participants in this study characterize caregiver competence based on the level of collaboration and learning capacity, as well as their constant presence, level of previous training and initiative, and motivation and commitment to their role. On the other hand, lack of experience and the absence of a sense of self-efficacy, revealed by fear and insecurity, may be critical factors in taking on the role of caregiver.

Also, in a study by Machado (2013), nurses recognized Availability, Presence, Caring, Knowledge, Competencies, Interaction, Connection, Interest, and Proximity as crucial characteristics of being a caregiver. To assume this role, the literature review (Ferreira et al., 2020) describes that caregivers feel needs at the level of transition to the role of caregiver, self-care needs, health needs, economic needs, and, finally, social and community needs.

As the findings of the abovementioned study (Useros et al., 2012) show, nurses' knowledge of the requisites needed to take on the role of caregiver allows for a systematized assessment of the caregiver's skills, as well as the implementation of interventions focused on their needs, with the aim of empowering them. In line with these results, one study concludes that knowing the needs and skills of the caregiver before discharge to the home is crucial to empowering them and helping to reduce their burden and the number of hospital readmissions (Dixe et al., 2019).

Considering the above and the gap in scientific evidence, the aim of this study is to know nurses' perceptions of the requisites for assuming the role of caregiver.

1. METHODS

A descriptive exploratory study with a qualitative approach.

1.1 Inclusion criteria

A convenience sample was established, consisting of nurse managers, specialist nurses, and general care nurses from a hospital in central Portugal. The eligibility criteria were as follows: nurses working in a service where the Caregiver Role focus was identified (data collected by the information systems working group), regardless of their category and years of experience.

1.2 Data collection

It was conducted from June to September 2023, using semi-structured interviews. The interview script also included the participants' attributes (age, gender, category, years of experience, and area in which they work), as well as the following structural questions: In your perception, as a nurse, what conditions/characteristics do you consider necessary for a caregiver to take on their role? What aspects do you have to take into consideration when assessing the role of the caregiver?

The interview script was tested through two previous interviews with nurses who met the eligibility criteria but were not included in the sample. These interviews made it possible to analyze the clarity of the questions, the language, and compliance with the objectives.

The script was also reviewed by experts in the field. Prior to conducting the interviews, the procedures were trained and standardized to minimize the risk of bias.

Data was collected until it was saturated (Guest et al., 2020). The interviews were carried out in an environment selected by the interviewee, audio-recorded, and then fully transcribed and destroyed.

1.3 Data analysis

Data analysis was conducted using content analysis, according to Bardin (2020): (1) pre-analysis, (2) exploration of the material, (3) categorization, and (4) inference. This process was supported by MAXQDA Analytic Pro 2022 software.

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The quality criteria for qualitative research were considered: reliability, applicability, auditability, and neutrality (Lincoln & Guba, 1985).
To structure this article, we followed the guidelines proposed by the Consolidated criteria for reporting qualitative research (COREQ) (Tong et al., 2007).

1.4 Ethical considerations

This project received a favorable opinion from the Ethics Committee (no. OBS.SF.245-2021), and the fundamental ethical principles described in the Declaration of Helsinki were respected.

2. RESULTS

The interviews were conducted with three nurse managers, five specialist nurses, and one general nurse from a hospital in central Portugal. Six participants were female and three males; the average age was 48, and they had an average of 26 years' professional experience. Most of the participants worked in the medical department (six nurses), and the rest (three participants) worked in the surgical department.
The analysis of the corpus resulting from the interviews was framed within Meleis' model of transitions with the contributions of Schumacher and Meleis (1994), specifically regarding the requisites that facilitate the transition to taking on the role of caregiver. Three categories and their subcategories emerged from the data analysis: Acceptance (Commitment, Consciousness, Involvement, Self-efficacy); Competencies (Knowledge, Capabilities, Requisites appropriate to the person being cared for); Resources (Availability, Economic, Architectural, Resources in the community, Informal support and Technical assistance) (Figure 1).

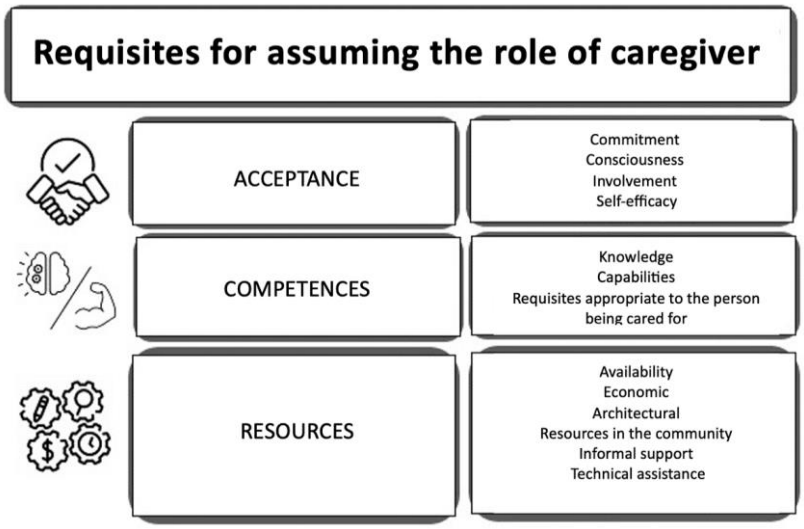

Figure 1 – Nurses' perceived requisites for assuming the role of caregiver: categories and subcategories.

Acceptance

The subcategories Commitment, Consciousness, Involvement, and Self-efficacy emerged from the Acceptance category.

Commitment

In order to take on the role of caregiver, as the nurses perceived it, it is necessary for the person to accept and feel committed to this new role that they are taking on *"their own will, the stimulus from the person themselves to want to develop this role and to supplement any information that may be necessary"* (I1), *"The first is acceptance, both of the role of caregiver and their state of health, when we're talking about a first-time caregiver, a person who is faced with this situation from one moment to the next..., that's the big difficulty".* (I3), *"the acceptance that you really want to be the person's caregiver."* (I4).

Consciousness

The informants refer to conscientization as fundamental to the acceptance of the role of caregiver, which they describe as the knowledge and subsequent recognition of their own experiences and the demands of their role *"the ability to understand the transition phase that the family member is going through and the ability to understand the family member's health situation, depending a lot on the relationship they have."* (I3), *"You need mental availability, you need to be aware*

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of exactly what it is... If you're not conscious of it" (I8), *“I think it's very important for a person to take on this role if they are conscious of it.”* (I9).

Involvement

The involvement of the person in their empowerment process as a caregiver is a fundamental factor in caring for a dependent person *"Involvement, the main thing"*; *"the person being receptive to knowledge, being able to understand what knowledge they don't yet have, and having the willingness to supplement it, the availability."; "If a person has the feeling of involvement, but not an involvement out of obligation, a pure feeling of caring, not like the professionals, but the feeling and involvement in the process of caring for the other person, in that sense."; "and active involvement in caring for that person..."* (I1), *“In this process, nurses are expected to be able to involve the person in the care, with the aim of empowering them.”* (I9).

Self-efficacy

Self-efficacy is described by nurses as the feeling of being able and confident to perform their role, as well as to develop the skills required to care for another person *"confidence. "Do you feel confident to play this role?", "Are you constantly afraid to do it and think you can't?" This feeling of self-efficacy."* (I6).

Competences

The development of skills is associated with the acquisition of knowledge and capabilities, subcategories that emerged in this category. The subcategory Requisites appropriate to the person being cared for also emerged from this category, which portrays the individuality of the dependent person/caregiver.

Knowledge

This subcategory emerges from units of meaning that highlight the need for caregivers to acquire knowledge in the different areas of care *"In order to care for someone, you have to have knowledge"*; *"knowledge of administering therapy, transferring, adaptive techniques or not, hygiene care only aimed at self-care… since hygiene care, since transferring, or techniques that don't require such complex expertise, but do require some techniques on the part of the caregiver, we have a very wide area here.", "will need knowledge of transfers"* (I1), "You have to have knowledge too..." (I3).

Capabilities

The development of skills in a dynamic process of learning and acquiring knowledge is also mentioned by the informants, who highlight it as a crucial requisite *"You need to have the capacity to learn, first of all... we have very dependent patients... not everyone has the capacity to learn either... we have a lot of elderly people looking after the elderly, so the caregiver themselves is often already old... elderly, isn't it? Having the capacity to learn"; "effectively learning capacity, because there's a lot of teaching we have to do..."; "they may even have the capacity to learn, but then they may not have the physical capacity to do it..."* (I2), *"... Capacities... motor capacities, technical capacities and that goes into our teaching."; "The person, the other person doesn't have the motor capacities to look after a person who needs support with hygiene care, going to the toilet, or the motor capacity, the strength, the functionality."; "Emotional, cognitive capacities"; "The mental balance... I think that's it"* (I5), *"And then training: food, hydration, hygiene, getting up, seeing if there are support networks, which there are that people sometimes don't know about."* (I8).

Requisites appropriate to the person being cared for

This subcategory includes units of meaning that describe the caregiver's knowledge and skills requisites for caring for a dependent person, which differ according to the needs/focus of attention of the person being cared for. It was thus found that the caregiver's requisites must be appropriate to the person being cared for, highlighting the need for a systematized assessment of the person being cared for and, subsequently, of the caregiver *"Having to say that you have to know this or that is very reductive, compared to the variability and infinity that each patient may have, it has to be adjusted to that person who needs care"* (I1), *"knowledge and skills, depending on the type of care the person requires, knowledge and skills appropriate to the family member's requires, the family member's care needs."* (I3), "*It always depends a lot on that person's self-care needs..."* (I4), *"Every caregiver and every situation, we can generally say that the caregiver has to be available"* (I7).

Resources

Many are the resources mentioned by nurses as fundamental to assuming the role of caregiver, with the following subcategories emerging: Availability, Economic, Architectural, Resources in the community, Informal support, and Technical assistance.

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Availability
Most of the informants mention Availability, reflected in time to care for the dependent person *"being really available for that person, for the demands in terms of time, of accompaniment"* (I1), *"Caring for a person at home is demanding not only in terms of time available"* (I3), *"Time is definitely a requirement, but I'd go further than that. It's time, but it's the person being able to realize that they need time for themselves"* (I6), *"who is available because it's a difficult role, who is available to do it."* (I8).

Economic
There are also monetary resources to meet the demands "*There are certainly going to be labor issues. And economic ones too, economic conditions are also needed. When people talk about caregivers, what they usually talk about is how to compensate them, but the issue has to do with the fact that people have jobs and need to work, and sometimes income is scarce"* (I3), *"Financial resources, socio-economic status influences this, the economic issue"; "to which we associate economic resources, those with greater economic resources experience easier transitions"* (I6), *"but there's also a problem that people know it costs money and we live on very little money*" (I8).

Architectural
The architectural resources that are reflected in facilitating conditions at home for the dependent person were also described by the nurses as *"getting conditions at home"* (I2), *"the conditions you can have at home... at home..."* (I4).

Technical assistance
In addition to the facilitating conditions at home, the existence of resources such as technical assistance is essential to support self-care. "It's also technical aids, there are lots of them... from wheelchairs *to walkers, to bath chairs, in terms of orthopedics... it's something that facilitates care at home for the person who takes on the role of caregiver..."* (I4), *"we ask questions about... "do you have mattresses, chairs at home?"; "the ability to access resources, and resources in terms of devices"* (I6).

Resources in the community
This subcategory includes units of meaning that report support for the caregiver through resources in the community: "There *you may need a complement, you may need additional support".* (I1), *"but also human resources... but in the end there's back-up support... home support... support to help with hygiene care, which is what they're most dependent on..."* (I2), *"So the informal caregiver may not be able to take care of everything, but they can have support. Let's imagine a totally dependent patient. I'm the main caregiver, and I can get help from home care for hygiene, lifting, or other care."* (I7).

Informal support
On the other hand, in addition to the formal resources that exist in the community, nurses also describe the importance of the caregiver having informal support resources, such as family members, neighbors, or others: *"Then there's the very important aspect of having support. And this support, no matter how simple the task, and there are few situations in which the tasks are simple, is associated with the caregiver. However simple the task, there is a need for back-up support. What support? That support can be family, and so, when we prepare someone, it should be automatic; it's about understanding what's around that person who is taking on the role."* (I6), *"They may not provide direct care, but they may have someone to help them and be the person who guides and supervises the other person"* (I7), *"It's important that people have informal resources around them and that we nurses can help them optimize them."* (I9).

3. DISCUSSION

The increasing trend towards an aging population in Portugal, conditioned both by the increase in longevity and the consequent rise in average life expectancy and by the decline in the birth rate, increasingly reinforces the key role of informal caregivers in the sustainability of the already saturated social and health systems (Fernandes & Luísa, 2022).
Assuming this role represents a huge challenge for the caregiver, the person being cared for, and the entire family (Dixe et al., 2019). This situational transition requires a definition or redefinition of the roles played by the caregiver until then, given the high degree of unpredictability and unexpected situations that the caregiver can bring (Melo et al., 2014).
This change or redefinition of the caregiver's role implies a challenge, and nurses can facilitate or even be dependent on it for a safe transition and the assumption of the role of an effective caregiver. It is the nurse's responsibility to first understand what the caregiver needs in order to take on this role, i.e. to understand what requisites have not yet been

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met. As described by Oliveira et al. (2023), the nurse has a privileged position, proving to be the ideal professional in the analysis and early identification of the needs of the person being cared for, but also of the caregiver, suggesting options and support from the community for continuity of care, including providers in care in order to meet identified needs and accompanying the caregiver-person binomial from hospitalization to discharge.

These results are corroborated in the study by Dixe et al. (2019), where the authors highlight that nurses are considered by informal caregivers to be the preferred source of information.

The nurses included in this study mention aspects related to Acceptance as requisites for taking on the role of caregiver, namely a sense of Commitment, Consciousness, Involvement and Self-efficacy. A study corroborated these findings, pointing out that the caregiver's motivation and sense of commitment to their role characterizes their competence to take it on, and on the other hand, the absence of a sense of self-efficacy may be considered a critical factor for their assumption (Useros et al., 2012). As mentioned by Landeiro et al. (2016), acceptance of the role of provider can be compromised by a feeling of low self-efficacy, often motivated by a lack of preparation for taking on the role, which generates a need to learn by trial and error, leading to a lack of confidence and fear of creating harm.

These results are in line with what is described in the theory of transitions, where awareness and involvement are portrayed as properties of transitions (Schumacher & Meleis, 1994). Since taking on the role of provider is a situational transition, these requisites are considered central to this process. According to these authors, the level of consciousness as recognition of the changing situation and what it implies and may imply in the future often conditions the success of the role assumption and the level of involvement established by the caregiver.

The informants in this study refer to the acquisition of knowledge and skills with a view to developing competencies as crucial for this situational transition (being a caregiver). According to Useros et al. (2012) and Dixe et al. (2019), the ability to learn and previous training is mentioned by nurses as crucial to empowering the caregiver. Also, according to Landeiro et al. (2016), being a caregiver requires a complex level of knowledge and skills, in the perception of nurses. In their study on nurses' perceptions of the difficulties and information needs of caregivers of dependent people, these authors state that caregivers experience a lack of information and skills and need competency training.

In this study, the Competencies category also included the subcategory Requisites appropriate to the person being cared for, which is characterized by the need to train the provider in terms of knowledge and skills, considering the individuality of the dependent person/caregiver. The authors Melo et al. (2014) point out that the requisites for taking on this role can be variable, judging the needs/demands of the person being cared for, which highlights the need for an assessment and subsequent individualized training for each person who takes on this role.

Availability, Economic and Architectural resources, Community resources, Informal support, and Technical assistance were described as necessary resources for this process by the informants in this study. Availability and presence are crucial provider characteristics recognized by nurses, according to Machado (2013). Authors (Melo et al., 2014) point to the need for family and social support as a determining factor in the transition to the role of caregiver. According to the same authors (Melo et al., 2014), the family is highlighted as promoting the establishment of an adequate and necessary support network, while social support facilitates access to resources available in the community and society, and the help inherent in support groups, while also avoiding the social isolation of the caregiver. Also, according to Schumacher and Meleis (1994), facilitating/inhibiting conditions are community/society resources and socio-economic status.

Considering the findings discussed, it was possible to verify that there are few studies in the scientific literature that portray nurses' perceptions of this phenomenon under study.

The limitations of this study concern the type and size of the sample, as other informants could contribute different data to understanding the phenomenon.

CONCLUSION

This study revealed nurses' perceptions of the requisites for assuming the role of caregiver. Analysis of the interviews revealed that, in the perception of the informants, the requisites are Acceptance, characterized by Commitment, Consciousness, Involvement and Self-efficacy, Competencies, which include Knowledge, Capabilities, and the need to adapt the assessment of Requisites to the person being cared for, Resources, which are Availability, Economic Resources, Architectural Resources, Resources in the community, Informal Support and Access to Technical Assistance.

As implications for clinical practice, this study could enable nurses to carry out a comprehensive and systematized assessment and training of the caregiver, contributing to a healthy situational transition. Regarding the implications for research, we suggest the development of studies that compare nurses' and caregivers' perceptions of the requisites.

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AUTHOR CONTRIBUTIONS

Conceptualization, M.C.N., M.B.L., J.M., D.S., R.L. and E.S.; data curation, M.C.N., M.B.L., J.M., D.S., R.L. and E.S.; formal analysis, M.C.N., M.B.L., J.M., D.S., R.L. and E.S.; investigation, M.C.N., M.B.L., J.M., D.S., R.L. and E.S.; methodology, M.C.N., M.B.L., J.M., D.S., R.L. and E.S.; project administration, M.C.N.; supervision, M.C.N. and E.S.; validation, M.C.N. and E.S.; visualization, M.C.N., M.B.L., J.M., D.S., R.L. and E.S.; writing-original draft, M.C.N., M.B.L., J.M., D.S., R.L. and E.S.; writing-review and editing, M.C.N., M.B.L., J.M., D.S., R.L. and E.S.

CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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