

RESEARCH ARTICLE (ORIGINAL) 

Men's transition to the role of informal caregivers from the perspective of the Transitions Theory

Transição do homem para o papel de cuidador informal na perspectiva da Teoria das Transições

Transición de los hombres al papel de cuidador informal desde la perspectiva de la Teoría de las Transiciones

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Abstract

Background: Chronic Noncommunicable Diseases can generate limitations in their carriers, which increases the demand for informal caregivers and, specifically, among men.

Objective: To understand the transition process from a man's life to the role of informal caregiver in light of Afaf Meleis' Transition Theory.

Methodology: Exploratory study with a qualitative approach based on the Transition Theory and Content Analysis references. Developed with 14 male caregivers using sociodemographic characterization instruments and guiding questions. Data was collected and organized according to the Theory's transition conditions and response patterns.

Results: he following categories were constructed: Caring: exercise of alterity; Caring: a condition of reciprocity. (Des)Caring: divergence in self-care; Caring: impasse between time and dreams; Caring: insecurity in the face of challenges; Caring: living the connection of the auto/straight binomial, Caring: acquisition of new skills; Caring - renewal of life perspectives.

Conclusion: Care is permeated by positive feelings and can generate resilience and the acquisition of new skills in a healthy transition and have common characteristics, such as resilience, empathy and the ability to acquire new skills.

Keywords: chronic noncommunicable diseases; informal caregivers; nursing theory; nursing

Resumo

Enquadramento: As doenças crónicas não transmissíveis limitam os seus portadores, aumentando a necessidade por cuidadores informais, especialmente entre os homens.

Objetivo: Compreender o processo de transição do homem para o papel de cuidador informal à luz da Teoria das Transições de Afaf Meleis.

Metodologia: Estudo exploratório com abordagem qualitativa, baseado na Teoria das Transições e na Análise de Conteúdo. Utilizou-se instrumento de caracterização sociodemográfica e questões norteadoras. Realizado com 14 cuidadores do sexo masculino. Os dados foram recolhidos e organizados conforme as Restrições de transição e os Padrões de respostas da teoria.

Resultados: Construiu-se as categorias: Cuidar: exercício da alteridade; Cuidar: uma condição de reciprocidade. (Des)Cuidar: divergência no autocuidado; Cuidar: impasse entre o tempo e sonhos; Cuidar: insegurança perante aos desafios; Cuidar: viver a conexão do binómio auto/hetero, Cuidar: aquisição de novas competências; Cuidar - renovação das perspetivas de vida.

Conclusão: O cuidado é permeado por sentimentos positivos e pela aquisição de novas competências durante uma transição saudável, como a resiliência, a empatia e a capacidade de desenvolver novas habilidades.

Palavras-chave: doenças crónicas não transmissíveis; cuidadores informais; teoria de enfermagem; enfermagem

Resumen

Marco contextual: Las enfermedades crónicas no transmisibles limitan a sus portadores, lo que aumenta la necesidad de cuidadores informales, especialmente entre los hombres.

Objetivo: Comprender el proceso de transición de los hombres al papel de cuidador informal desde la perspectiva de la teoría de las transiciones de Afaf Meleis.

Metodología: Estudio exploratorio con enfoque cualitativo, basado en la teoría de las transiciones y el análisis de contenido. Se utilizó un instrumento de caracterización sociodemográfica y preguntas orientadoras. Se realizó con 14 hombres cuidadores. Los datos fueron recogidos y organizados según las restricciones de transición y los patrones de respuesta de la teoría.

Resultados: Se construyeron las siguientes categorías: Cuidar: ejercicio de la alteridad; Cuidar: condición de reciprocidad; (Des)Cuidar: divergencia en el autocuidado; Cuidar: impasse entre el tiempo y los sueños; Cuidar: inseguridad ante los desafíos; Cuidar: vivir la conexión del binomio auto/hetero; Cuidar: adquisición de nuevas habilidades; Cuidar: renovación de las perspectivas de vida.

Conclusión: El cuidado está impregnado de sentimientos positivos y de la adquisición de nuevas competencias durante una transición saludable, como la resiliencia, la empatía y la capacidad de desarrollar nuevas habilidades.

Palabras clave: enfermedades crónicas no transmisibles; cuidadores informales; teoría de la enfermería; enfermería



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Introduction

Chronic noncommunicable diseases (NCDs) are a major public health challenge (Campos-De-Aldana et al., 2023), with the progressive development of functional disability over time. This situation reinforces the growing need for informal caregivers, usually family members, who provide unpaid assistance to a family member with physical or mental disabilities, even without specific training for the role (Lacerda et al., 2021).

Currently, the proportion of men who act as informal caregivers for their family members is increasing, contrary to the sociocultural construction that caregiving has been attributed to women (Dos Anjos et al., 2017).

On the other hand, this transition may affect the physical, mental, and social dimensions of male caregivers. Nursing therefore requires interventions to support men during this transition process (Dos Anjos et al., 2017). These interventions for caregivers are still limited, which points to the urgency of public policies that provide adequate resources and support for their needs, as well as appropriate guidance and training. These measures can have a significant impact on the quality of life of both the caregiver and the care recipient, which can facilitate a healthy transition process (Bierhals et al., 2023). In this context, Afaf Meleis' Transitions Theory provides an appropriate and coherent theoretical basis for analyzing how men transition into the role of caregivers (Silva et al., 2021).

In view of the above, this study aimed to understand how men transition into the role of informal caregivers from the perspective of Afaf Meleis' Transitions Theory. This study identified facilitating and inhibiting factors, process and outcome indicators that influenced the transition process, and nursing interventions for this transition in these men's lives.

Background

The dedication of informal caregivers to the person they care for is almost total, and they end up giving up a significant part of their personal, family, and social lives. Over time, they experience challenging situations, such as excessive demands and high levels of responsibility, which they are not always able to handle. Factors such as lack of experience, lack of support from third parties, and living with uncertainty cause physical and emotional suffering among caregivers, compromising their living conditions and health (Copetti et al., 2019).

Although there is a growing body of research on informal caregivers at the national and international level, studies on male caregivers and the impact of the role transition on men's self-perception, family income, and social and health dimensions are still scarce (Campos-De-Aldana et al., 2023). The concept of gender provides an opportunity to understand the processes of construction and reconstruction of social organization in the relationships between men and women in the society in which they live (Butler, 2018). Throughout history, caring for disabled

or ill family members has been considered a continuous female responsibility under the capitalist regime in the contemporary world (Butler, 2018). Attention has been drawn to the *crisis of care*, which refers to the lack of unpaid work, as women are increasingly present in the labor market and yet continue to perform the majority of care work (Hirata, 2018). However, men are also caregivers. The traditional division of roles related to gender socialization (Butler, 2018) and structural machismo, which establishes that men are not responsible for domestic work and only perform activities as family providers, is being challenged by those who care for their parents, spouses, and other family members (Moherdaui et al., 2019).

It is important to make visible the care that men provide to dependent family members, to identify the impact of this activity on male identity, and to understand that this task can bring satisfaction and transformation but also suffering and vulnerability. By exploring the other forms of masculinity that develop interactively in the provision of care, it is possible to consider strategies to overcome the barriers to access and visibility of male caregivers in health services (Moherdaui et al., 2019). In this context, there has been a noticeable increase in the proportion of men providing informal care to their family members in primary health care. In the United Kingdom, the majority of caregivers aged over 75 are male (Slack & Fraser, 2014). Being a woman is also one of the factors that most increases caregiver burden, which is consistent with the literature in general. This is related to the neglect of self-care in favor of caring for others, given the social construction of the female gender role (Cajado-Mejía & Ruiz-Arias, 2016). This situation is exacerbated by factors such as low educational attainment, a diagnosis of depression, social isolation, living with the care recipient, the number of hours spent caregiving, and a sense of lack of choice in becoming a caregiver (Adelman et al., 2014).

The relationship between masculinity and the role of caregiver is a broad and unknown topic. It should also be noted that the imposition of new roles and behaviors on men can lead to depersonalization, changing their perception of themselves in society. Caregivers may distance themselves from their own needs, or demands, and emotions, which vary according to their daily performance at work, and become disconnected from their identity due to lack of time for self-care and for activities they once enjoyed. In addition, their role in care can be limited and hindered by gender stereotypes and societal expectations (Copetti et al., 2019).

The analysis of men's role as informal family caregivers reveals an often obscure but no less important aspect. Taking on this role points to another condition, although not explicit, which can lead to strain, fatigue, stress and negative feelings, not because of caring, but because of adapting to the role of caregiver, which was not previously present in these men's lives. From this perspective, male caregivers may be more vulnerable than women in adapting to caregiving situations because they have not contemplated their masculinity (Silva et al. 2024).

Thus, Afaf Meleis' Transitions Theory supports men's



transition to the role of caregiver, highlighting their entire transition process. This theory is structured around three paradigms: *Role Theory* (analyzes the roles played by people during transition processes); *Lived Experience* (contrasts individual perceptions with concrete lived experiences); and *Feminist postcolonialism* (provides a framework for understanding the experience of transition through various levels, taking into account factors such as race, ethnicity, nationality, and gender).

The Transitions Theory is subdivided into the Nature of transitions (types, patterns and properties); Facilitating and inhibiting conditions (personal, community, and societal); Patterns of response (process and outcome indicators); and Nursing interventions (Meleis, 2016).

Transitions can be classified as developmental, situational, health/illness, and organizational (Meleis, 2016).

The focus of this study is situational transition, which addresses the processes of change triggered when individuals face specific life circumstances that require pre-existing adaptations (Meleis, 2016).

Although all transitions involve change, not all changes are related to the transition. Each experience is personal, and it is essential to identify the effects and their meanings. For this reason, it is necessary to understand the facilitating and inhibiting factors, as well as the social and cultural conditions that can influence a healthy transition (Santos et al., 2016).

A successful transition depends on how the person reacts to the process of change, that is, the patterns of response, which can be evaluated using process indicators (progress towards well-being) and outcome indicators (mastery and fluid integrative identities).

Research question

How have men experienced the transition to the role of informal caregivers?

Methodology

An exploratory study was conducted with a qualitative approach. This study is part of a larger project entitled "Feelings of the family caregiver of a person with a chronic illness and their social representations: A mixed study". This study was carried out in a municipality in the south of Minas Gerais, in five family health strategies. The sample consisted of 14 men aged over 18 years with at least 6 months of experience as caregivers who had taken on the role of primary informal caregivers for someone with a chronic illness and who participated in the data collection between July 2022 and January 2023. Potential participants were recruited based on information from local community health workers, who provided data on people with chronic illnesses in their catchment area who were dependent on caregivers, as well as their addresses, email addresses and telephone numbers for scheduling home visits. Data were collected in only one interview conducted by a researcher trained in qualitative data

collection, during a pre-scheduled home visit, in a private setting, with only the researcher and the participant present. Two instruments were used. The first instrument was designed to collect data on sociodemographic characteristics, including age, education, religion, marital status, and number of children, as well as an assessment of health status. The second instrument included the following questions: What does it mean to be a primary family caregiver? How has your life changed since becoming an informal caregiver? The answers to these questions contributed to a better understanding of the transition to the role of informal caregiver.

Each interview lasted an average of 60 minutes and was recorded on an iPhone 12 Pro Max smartphone. Data were stored in a database under the responsibility of the supervisor.

The study was approved by the Ethics Committee under CAAE no. 60638422.2.0000.5142. Interviewees signed the informed consent form and received a copy. Their identity was protected by replacing their personal names with the letter P followed by an Arabic numeral.

Sociodemographic and health data were organized and presented in relative frequencies. For qualitative data, content analysis (Bardin, 2011) was carried out by three researchers. Information was selected that provided data on the Factors conditioning the transition (facilitators and inhibitors) and the Patterns of response (process and outcome indicators), in line with the Transitions Theory. The phases described below were used to analyze the interviews. In the organization phase, the interviews were extracted from the database and entered into a table with three columns. In the first column, the interview related to the first and second questions was transcribed; in the second column, codes were extracted by selecting the recording units represented by sentences or words, which were labeled with letters and grouped into similar ideas; and, in the third column, a theme was suggested. The data were then read and reread. For coding, statements were analyzed vertically and horizontally. Words or phrases about facilitating or inhibiting factors and patterns of response were extracted. In the phase of categorization and processing of results, the codes and their respective themes were reread, which allowed the researchers to group similar codes and refine them using semantic criteria. In the inference and interpretation phase, the final themes were determined based on the authors' interpretation, as presented in the results.

Results

With regard to the sociodemographic profile of the 14 men, they ranged in age from 18 to 79 years, were predominantly married (54.5%), had completed high school (54.5%), were Catholic (63.6%), and had two children (54.5%). The majority did not work (45.5%). As for their health profile, they rated their health as good (63.6%). Most of them had chronic diseases (54.5%) and took daily medication (54.5%).

The following themes emerged from data analysis: Facili-

tating conditions: Meaning - Caring - Exercise of alterity - “To give her the best possible attention, because I’m going to dedicate my time to her, practically to her, I’m going to share my life with her” (P1); Belief - Caring - Condition of reciprocity - “. . . to help your fellow human being, especially a brother, a relative. Today he depends on me, tomorrow I can be the one who is dependent, that’s how it goes” (P57); Inhibiting conditions: Meaning - (Lack of) Caring - Divergence in self-care - “caring is giving up living your life to live her life” (P15); Belief - Caring - Impasse between time and dreams - “. . . because I’m 65 now, I don’t have much time to accomplish certain things, it’s silly” (P33); Preparation and knowledge - Caring - Insecurity in the face of challenges - “The person has never thought about this, this detail, and if it suddenly comes up, I mean it’s a delicate thing.” (P34); Process indicator - Feeling connected - Caring - Living the connection of the self/straight binomial - “. . . talking to the person and having an affective relationship” (P33); Outcome indicator - Mastery - Caring - Acquiring new skills - “. . . doing things to also feel good mentally, otherwise we’re both going to get sick” (P20); Fluid integrative identities - Caring - Renewal of life perspectives - “. . . carry on with life and travel more, we have a different view of life, right?” (P57).

Discussion

The focus of informal family caregivers in their daily tasks is the act of caring, which goes beyond being physically present with the other. This care is permeated by human elements that create bonds, which is called alterity and reciprocity in more specific language (Lima, 2017). The act of caring extends to a deep existential connection in which caregivers not only perform tasks, but also seek to reconnect with themselves. This type of care is based on alterity, which means recognizing the uniqueness and humanity of others and adapting to their physical, psychological, and emotional needs (Silva et al., 2021). As for the feelings evoked in the participants’ narratives, it can be seen that caregiving is not only an act of responsibility, but also a two-way street of reciprocity, as the caregiver finds satisfaction in returning the care previously received, promoting a cycle of gratification that strengthens family ties, which is consistent with the findings of other studies (Moherdaui et al., 2019; Sousa et al., 2024). Even with the feeling of reciprocity, the family caregiver’s journey is not without challenges. Some caregivers pointed out the difficulty in maintaining self-care, which is a recurring problem related to emotional overload and lack of adequate support. Since the majority of the sample reported the presence of chronic diseases, this aspect may compromise their control. Another challenge is time management, as the demands of caregiving often conflict with the caregiver’s personal needs and desires, leading to depressive symptoms and social isolation, as found in other studies (Guato-Torres & Mendoza-Para, 2022; Silva et al., 2021; Sousa et al. 2024). Insecurity due to lack of preparation also permeates this journey, as caring for an

ill family member requires not only practical skills, but also a deep understanding of the patient’s condition and emotional preparation to deal with the uncertainties of the future (Henriques et al., 2023).

The act of caring thus involves a deep and reciprocal interaction between the caregiver (self) and the care recipient (other). This relationship is not limited to physical and practical tasks, but encompasses a complex network of emotions and interactions that influence the quality of this bond (Fernandes, 2019). Therefore, caregiving is seen as a two-way street where both the caregiver and the care recipient are affected by and benefit from the relationship. Empathy and communication are essential to quality care, and gratitude strengthens the relationship. To be effective as a caregiver, it is essential to acquire new skills that include scientific knowledge, emotional skills, and practical skills. Each aspect contributes to the well-being of both the caregiver and the patient (Bernardi et al., 2022). In the day-to-day practice of caregiving, caregivers are challenged to reflect on their own lives and priorities. Despite the challenges, this new perspective promotes personal growth and resilience (Neller et al., 2024).

For some men, taking on the role of informal caregiver has been challenging, but it has also provided moments of introspection and life reframing that have led them to a healthy transition process. Other men may need more support from health professionals and family members to play this role in a safer and less stressful way. Although it must be recognized that being a primary caregiver means dedicating oneself almost entirely to the other person, the suggested nursing interventions can provide important support for these men to achieve healthy transitions. One of the pillars of these interventions is the promotion of health education activities to train informal caregivers. Nurses play a central role in providing practical and accessible knowledge adapted to the reality of caregivers (De Mello et al., 2021; Quintans & Melleiro, 2023). This approach not only improves the effectiveness of day-to-day care, but also allows caregivers to better manage their time and resources (Bayley et al., 2023; Hailu et al., 2024).

Encouraging self-care is a necessary intervention because the physical and mental health of caregivers plays a significant role in the burden of caregiving (Guato-Torres & Mendoza-Para, 2022). Caregivers’ psychological distress can have a significant impact on their quality of life, affecting not only their daily lives, but also their family relationships, social interactions and productivity at work. Thus, interventions focused on psychological support, such as counseling and stress management strategies, promote a healthier environment for patient care (Giebel et al., 2024). In addition, encouraging spirituality and religiosity is an effective strategy for strengthening caregivers’ ability to cope with the emotional and spiritual demands involved in caregiving (Farinha et al., 2023). In this context, nurses must adopt an attitude of understanding and respect for the multidimensionality of the caregiver, which encompasses biological, psychological, social, cultural, and spiritual aspects. They should receive counseling, psychotherapy, stress management, and effective coping skills to be able to recognize the positive

aspects of caregiving (De Mello, 2021). Working with families, nurses should help them identify and mobilize personal and community resources and refer them to community services that can help them cope with stressful situations and solve problems. The sharing of experiences and difficulties in support groups is also encouraged as a form of mutual support (Joo et al., 2022). It should be noted that home care, coordinated by multiprofessional teams, is an essential integrative approach. These teams not only reduce hospitalization rates, but also provide personalized and continuous care (Quintans & Melleiro, 2023). Through targeted education and support, caregivers are expected to be better prepared to meet challenges, reduce psychological distress, and improve their quality of life. In this context, it is necessary to improve communication and collaboration between the multidisciplinary team so that the interprofessional work and social support required to meet the needs of the caregiver can be realized.

The limitations of this study include the fact that the research was conducted in only one city, which made it difficult to obtain more information and cover the scope of the interview. The lack of research on men's transition into the role of informal caregiver has limited the interpretation and discussion of these findings.

Conclusion

Transition is the process of changing from one situation or place to another, which is usually unwanted and requires both internal and external adaptations, influenced by facilitating factors (alterity and reciprocity) and inhibiting factors (compromised self-care, lack of time, and insecurity), as indicated in the findings.

This study shows that caregiving, even when done by men, is associated with positive feelings and can build resilience and lead to the acquisition of new skills in a healthy transition, which challenges the idea that caregiving is exclusively for women and highlights the importance of involving all family members in caring for loved ones.

These informal caregivers face challenges such as excessive responsibilities, lack of experience and support, and coping with the uncertainties and dangers associated with caregiving. In addition, due to exhaustion and lack of time, they often have to give up work, self-care and social activities, which results in physical and emotional burnout and affects their health and quality of life. This study found that many men are going through changes but have not fully transitioned into this role. However, those in this stage share common characteristics such as resilience, empathy, and the ability to learn new skills. They can consciously reshape their environment and adapt to circumstances with mastery.

Nursing interventions play a critical role in helping men transition into the role of caregiver. This study aims to promote healthy and successful responses to changes and transitions for both patients and caregivers, enabling nurses to provide more personalized and specific care to meet the needs of informal caregivers.

Author contributions

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References

- Adelman, R. D., Tmanova, L. L., Delgado, D., Dion, S., & Lachs, M. S. (2014). Caregiver burden: A clinical review. *JAMA*, *311*(10), 1052-1060. <https://doi.org/10.1001/jama.2014.304>
- Dos Anjos, K. F. et al. Homem cuidador familiar de idosa com doença de Alzheimer. (2017). *Saúde e Pesquisa*, *10* (2) pág. 317-324. <https://periodicos.unicesumar.edu.br/index.php/saudpesq/article/view/5750>
- Bayley, Z., Bothma, J., Bravington, A., Forward, C., Hussain, J., Manthorpe, J., Pearson, M., Roberts, H., Taylor, P., Walker, L., White, C., Wray, J., & Johnson, M. J. (2023). Supported: Supporting, enabling, and sustaining homecare workers to deliver end-of-life care: A qualitative study protocol. *PLoS One*, *18*(12), e0291525. <https://doi.org/10.1371/journal.pone.0291525>
- Bardin, L. (2011). *Análise de conteúdo*. Edições 70.
- Bernardi, M. B., Gonçalves, A. S., Barbosa, S. G., Bernal, S. C., Plantier, G. M., Rodrigues, T. F., & Radovanovic, C. A. (2022). Vivência de cuidadores informais na transição de papéis após o processo de desospitalização. *Ciência, Cuidado e Saúde*, *21*, e61823. <http://dx.doi.org/10.4025/ciencuidsaude.v21i0.61823>
- Bierhals, C. C., Pizzol, F. L., Low, G., Day, C. B., Santos, N. O., & Paskulin, L. M. (2023). Quality of life in caregivers of aged stroke survivors in southern Brazil: A randomized clinical trial. *Revista Latino-Americana de Enfermagem*, *31*, e3658. <https://doi.org/10.1590/1518-8345.5935.3657>
- Butler, J. (2018). *Problemas de gênero: Feminismo e subversão da identidade* (16th ed). José Olympio.
- Cajado-Mejía, R., & Ruiz-Arias, E. (2016). Influence of gender and care strategy in family caregivers' strain: A cross-sectional study. *Journal of Nursing Scholarship*, *48*(6), 587-597. <https://doi.org/10.1111/jnu.12256>
- Campos-de-Aldana, M. S., Durán-Niño, E. Y., Ruiz-Roa, S. L., & Páez-Esteban, A. N. (2023). Plan de egreso: Herramienta del cuidado-diada con enfermedad crónica. *Revista Cuidarte*, *14*(1), e2754. <https://doi.org/10.15649/cuidarte.2754>
- Coppetti, L. C., Girardon-Perlini, N. M., Andolhe, R., & Dalmolin, A. (2019). Produção científica da enfermagem sobre o cuidado familiar de idosos dependentes no domicílio. *ABCS Health Sciences*, *44*(1), 58-66 <https://doi.org/10.7322/abcshs.v44i1.1119>
- Mello, F. E., Oliveira, S. G., & Coelho, C. T. (2021). Intervenções realizadas com cuidadores de adultos com condições crônicas em



- atenção domiciliar: Revisão integrativa. *Revista Chilena Enfermería*, 3(2), 79-113. <https://doi.org/10.5354/2452-5839.2021.65924>
- Farinha, F. T., Araújo, C. F., Mucherone, P. V., Batista, N. T., & Trettenne, A. S. (2022). Influência da religiosidade/espiritualidade em cuidadores informais de crianças com leucemia. *Revista Bioética*, 30(4), 892-899. <https://doi.org/10.1590/1983-80422022304579PT>
- Fernandes, P. P. (2019). *Sobrecarga do cuidador informal de doentes seguidos pela unidade domiciliária de cuidados paliativos da Terra-Fria* [Master's thesis, Instituto Politécnico de Bragança]. Biblioteca Digital do Instituto Politécnico de Bragança. <https://bibliotecadigital.ipb.pt/handle/10198/19556>
- Ferreira, L. M., & Lemos, N. F. (2022). A dualidade na experiência do cuidado: Homens cuidadores de idosos familiares e suas narrativas. *Revista Kairós-Gerontologia*, 25(1), 151-167.
- Giebel, C., Prato, L., Metcalfe, S., & Barrow, H. (2024). Barriers to accessing and receiving mental health care for paid and unpaid carers of older adults. *Expectativas de Saúde*, 27(2).
- Guato-Torres, P., & Mendoza-Para, S. (2022). Autocuidado do cuidador informal de idosos em alguns países da América Latina: Revisão descritiva. *Enfermería: Cuidados Humanizados*, 11(2), e2917. <https://doi.org/10.22235/ech.v11i2.2917>
- Hailu, G. N., Abdelkader, M., Asfaw, F., & Meles, H. A. (2024). Exploring the knowledge and skills for effective family caregiving in elderly home care: A qualitative study. *BMC Geriatrics*, 1, 342. <https://doi.org/10.1186/s12877-024-04924-3>
- Henriques, N. L., Silva, B. J., Charepe, Z. B., Braga, P. P., & Duarte, E. D. (2023). Factores promotores y amenazadores de esperanza en cuidadores de niños con condiciones crónicas. *Revista Latino-Americana de Enfermagem*, 31, e3897. <https://doi.org/10.1590/1518-8345.6366.3897>
- Hirata, H. (2018). Gênero, patriarcado, trabalho e classe. *Trabalho necessário*, 16(29), 14-27. <https://doi.org/10.22409/tn.16i29.p4552>
- Joo, J. H., Bone, L., Forte, J., Kirley, E., Lynch, T., & Aboumatar, H. (2022). The benefits and challenges of established peer support programmes for patients, informal caregivers, and healthcare providers. *Family Practice*, 39(5), 903-912. <https://doi.org/10.1093/fampra/cmab004>
- Lacerda, M. A., Silva, L. L., Oliveira, F., & Coelho, K. R. (2021). O cuidado com o idoso fragilizado e a estratégia saúde da família: Perspectivas do cuidador informal familiar. *Revista Baiana de Enfermagem*, 35. <https://doi.org/10.18471/rbe.v35.43127>
- Liu, C., Fabious, C. D., Roth, D. L., Howard, V. J., & Haley, W. E. (2021). Change in social engagement among incident caregivers and controls: Findings from the caregiving transitions study. *Journal of Aging and Health*, 33(1-2), 114-124. <https://doi.org/10.1177/0898264320961946>
- Meleis, A. I. (2016). *Teoria das transições: Teorias de médio alcance e específicas da situação na pesquisa e prática de enfermagem*. Springer.
- Moherdai, J. H., Fernandes, C. L., & Soares, K. G. (2019). O que leva homens a se tornar cuidadores informais: Um estudo qualitativo. *Revista Brasileira de Medicina de Família e Comunidade*, 14(41), 1907. [https://doi.org/10.5712/rbmfc14\(41\)1907](https://doi.org/10.5712/rbmfc14(41)1907)
- Neller, S. A., Hebdon, M.T., Wickens, E., Scammon, D. L., Utz, R. L., & Dassal, K. B. (2024). Family caregiver experiences and needs across health conditions, relationships, and the lifespan: A Qualitative analysis. *International Journal of Qualitative Studies on Health and Well-Being*, 9(1), 2296694. <https://doi.org/10.1080/17482631.2023.2296694>
- Quintans, J. R., & Melleiro, M. M. (2023). Percepção de pessoas idosas acerca da transição de cuidados prestados por uma equipe multiprofissional de atenção domiciliar. *Cogitare Enfermagem*, 28, e34357. <https://doi.org/10.1590/ce.v28i0.84357>
- Santos, E., Marcelino, L., Abrantes, L., Marques, C., Correia, R., Coutinho, E., & Azevedo I. (2016). O cuidado humano transicional como foco da enfermagem: Contributos das competências especializadas e linguagem classificada CIPE. *Millenium: Journal of Education, Technologies, and Health*, 49(20), 153-171. <https://revistas.rcaap.pt/millennium/article/view/8083>
- Silva, C.F., Pedreira, L.C., Amaral, J.B., Mussi & F.C. Martorell-Poveda, M.A.(2021). The care offered by nurses to elders with coronary artery disease from the Perspective of Transitions Theory. *Revista Brasileira de Enfermagem*, 74 (Suppl 2). <https://www.scielo.br/j/reben/a/jKrZMhS3QMvmxTsY5TsHyHg/>
- Silva, J.V., Lemes, I.C., & Moreira, M.R. (2024). *Livro Envelhecimento Humano: Abordagens interdisciplinares e contemporâneas*. Dialética.
- Souza, M. L. (2021). The care offered by nurses to elders with coronary artery disease from the perspective of transitions theory. *Revista Brasileira de Enfermagem*, 74(Supl. 2), e20200992. <https://doi.org/10.1590/0034-7167-2020-0992>
- Slack, K., & Fraser, M. (2014). *Husband, partner, dad, son, carer? A survey of the experiences and needs of male carers*. Carers Trust.