

# Beliefs and knowledge of formal caregivers about old age and its relationships with sociodemographic variables

## *Crenças e conhecimentos de cuidadores formais sobre a velhice e suas relações com variáveis sociodemográficas*

Jeisiane dos Santos **LIMA**<sup>1</sup>  0000-0002-7029-8549

Hilma Tereza Tôres **KHOURY**<sup>2</sup>  0000-0002-4261-935X

Celina Maria Colino **MAGALHÃES**<sup>3</sup>  0000-0002-1279-179X

### Abstract

Attitudes based on outdated stereotypes about aging can limit development possibilities in old age. The objective of this paper was to describe the beliefs and the level of knowledge about old age among formal caregivers of the elderly, verifying the relationship with the socio-demographic variables age, education and length of service in the job. The sample included 32 caregivers from two Long-Term Institutions. This is a correlational study, based on a cross-sectional survey. Results: in general, caregivers' beliefs regarding old age were neutral, that is, neither positive nor negative; the knowledge on the topic were scarce, and the longer the time in the function, the more positive beliefs were manifested about the autonomy of the elderly (agency domain). It is believed that investment in the training of caregivers will increase the benefits both for the professional class (caregivers), yielding care skills improvement, and for the elderly themselves, by providing greater quality in the elderly-elderly and elderly-caregiver interaction.

**Keywords:** Caregivers; Elderly; Attitude; Long-Term Institution for the Elderly.

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<sup>1</sup> Universidade Federal do Pará, Instituto de Filosofia e Ciências Humanas, Faculdade de Psicologia. R. Augusto Correa, 1, Guamá, 66075-110, Belém, PA, Brasil. Correspondence to: J.S. LIMA. E-mail: <jeisiane\_lima@hotmail.com>.

<sup>2</sup> Universidade Federal do Pará, Hospital Universitário João de Barros Barreto, Programa de Residência Multiprofissional em Saúde do Idoso. Belém, PA, Brasil.

<sup>3</sup> Universidade Federal do Pará, Núcleo de Teoria e Pesquisa do Comportamento, Programa de Pós-Graduação em Teoria e Pesquisa do Comportamento. Belém, PA, Brasil.

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## Resumo

*As atitudes sobre o envelhecimento, se embasadas em estereótipos ultrapassados, podem limitar o aproveitamento das possibilidades de desenvolvimento na velhice. O objetivo deste trabalho foi descrever as crenças e o nível de conhecimentos sobre velhice na perspectiva de cuidadores formais de idosos, verificando as relações com as variáveis sociodemográficas idade, escolaridade e tempo de serviço na função. Participaram da amostra 32 cuidadores de duas Instituições de Longa Permanência. Trata-se de um estudo correlacional, a partir de levantamento com corte transversal. De modo geral, as crenças dos cuidadores com relação à velhice apresentam-se neutras; isso é, nem positivas nem negativas; os conhecimentos sobre o tema se mostraram escassos e, quanto maior o tempo de exercício na função, mais crenças positivas os cuidadores tinham sobre a autonomia dos idosos (domínio agência). Acredita-se que o investimento na formação dos cuidadores ampliará os benefícios tanto para a classe profissional, com o aumento de habilidades para o cuidado, quanto para os próprios idosos ao possibilitar maior qualidade na interação idoso-idoso e idoso-cuidador.*

**Palavras-chave:** Cuidadores; Idoso; Atitude; Instituição de Longa Permanência para Idosos.

The World Report on Aging and Health (Organização Mundial de Saúde, 2015) points out the need for new perspectives on the issue of population aging. The report states that many perceptions about the elderly are based on outdated stereotypes, limiting the operationalization of problems, the questions to be asked and the ability to take advantage of development opportunities.

Bissoli and Cachioni (2011) claim that the educational process plays a central role in changing beliefs and attitudes regarding old age. Beliefs refer to the cognitive component of attitudes and influence social practices and policies in connection with the elderly. The authors also argue that there is a reciprocal relationship among attitudes, prejudices, stereotypes and the social and scientific context in which they emergence.

There are many definitions of attitudes, but in general, attitudes refer to what people think, feel and how they would like to behave in relation to a social object; therefore, it is a tendency to behave (Aronson et al., 2015; Rodrigues et al., 2015). The attitude exhibits three components: the cognitive, corresponding to the beliefs and knowledge about the object; the affective (feelings for or against the object) and the behavioral component (predisposition to action). These components tend to be congruent, favoring certain regularity in connection to the subject's framework. Thus, attitudes are considered behavior predictors, although behaviors are not always in line with attitudes, as they depend on a complex of factors, including social norms (Aronson et al., 2015; Rodrigues et al., 2015).

The literature points out the importance of knowledge and education for changing attitudes and behavior towards old age, as will be seen below.

Bissoli and Cachioni (2011) argue that encouragement of information acquisition contributes to increase people's knowledge about positive and realistic aspects of old age, favoring attitude changes, especially if this process occurs throughout their lives. Even the strict routine that exists in most Long-Term Care Institutions for the Elderly (LTCI) (Bitencourt, 2019) can be modified by changing dysfunctional or negative beliefs about old age, fostering greater interaction between the elderly and their caregivers, besides contributing to the elimination of any barriers thus ensuring accessibility of the elderly in the Institution considered as a living space (Vargas & Martins, 2019).

Lopes and Cachioni (2012), aiming to identify psychoeducational intervention models and their effects on the elderly people with dementia's caregivers, performed a systematic review of 27 studies published between January 2000 and April 2012, in PubMed, Web of Knowledge, Lilacs and SciELO databases. The most prevalent results were: improved caregivers' well-being (37% of studies); expanded use of coping strategies (30%); reduced dysfunctional thoughts (30%); increased knowledge about available services (19%); improved self-efficacy (15%); and increased care skills (11%). The psychoeducational approach described

in the studies is informative, cognitive-behavioral, with stress and emotions managing techniques, problem solving techniques and emotional support.

Other studies show the influence of society in the development of old age stereotypes (Vieira & Lima, 2015), and indicate the importance of professional training in understanding the elderly (Vieira et al., 2019).

Vieira and Lima (2015) investigated old age stereotypes with 393 college students from the city of Aracaju (SE), seeking to understand how personal beliefs develop and the beliefs that the participants attribute to society about the elderly. The outcome revealed a dichotomy between the college students' beliefs (positive) and those attributed to society (negative), explained by the fact that, since the participants are part of society, collective beliefs also reflect the elderly stereotypes developed by the individuals.

Vieira et al. (2019) evaluated professional training in the area of aging. Basic knowledge about old age and beliefs related to the elderly were surveyed with 49 physicians who worked in Anápolis (GO), using the same instruments as in the present study. Those doctors showed a lack of academic training and basic knowledge in gerontology; 22.4% of them did not register for studying Geriatrics and Gerontology in their graduation program; only 38.8% participated in Geriatrics and Gerontology courses in the past five years; in the assessment of basic knowledge about old age, the greatest number of correct answers were associated to two questions that deal with physical aspects of aging (91.8%; 83.7%,). This result demonstrates the need for investment in professionals' training who deal with elderly people.

Knowledge about diversity in the way of thinking about the elderly (Vieira & Lima, 2015) is useful for inferring about how they are treated on a daily basis. However, the verification of care practices is essential to ensure that apparently positive conceptions are not masking treatments that undermine the capabilities of the elderly, favouring dependency, for example (Vieira & Lima, 2015). The integration among beliefs, knowledge and care practices has been discussed in the study by Brito et al. (2015) and the interconnection between these variables within the physical and social setting of the elderly and the caregivers can influence the development of both.

The objective of this study was to describe the beliefs and the level of knowledge about old age from the perspective of elderly people's caregivers from two Public Institutions in Belém (PA) verifying relationships between them and the sociodemographic variables age, education and caregivers' job seniority.

## Method

This was a correlational study, based on a cross-sectional survey.

### Participants

A total of 32 formal caregivers of the elderly participated in the study (without sample loss), 13 from Public Institution 1 (PI1) and 19 from Public Institution 2 (PI2). On average, caregivers were 37.4 years old; they had 13.7 years of education and had been working on the site as caregivers for four years.

### Instruments

Beliefs about old age were measured using the Attitude Scale towards Old Age, built and validated by Neri (1991), containing 30 items belonging to four factor domains, each referring to a specific aspect: 1) Cognition (10 items) – ability to process information and solve problems, reflecting on social adaptation; 2) Agency (6 items) – autonomy and instrumentality for the performance; 3) Personal relationship (7

items) – affective-motivational aspects, reflected in the social interaction of the elderly; 4) Persona (7 items) – social image, reflecting the social labels commonly used to designate and discriminate against elderly people.

It is a semantic differential scale in which each item is anchored by two opposite adjectives. The responses intensity is measured by a five-point gradient (Likert-type scale) and its direction, positive or negative, by the relative position of the adjectives in each pair.

In order to improve the understanding of the items, in a standardized way, a List was used with the definitions of the adjectives to train the vocabulary that was developed for this purpose (Brito, 2014). The definitions were taken from the Priberam online dictionary, plus common sense explanations for those considered more complex, in order to assist the scale's applicators, should any participant experience difficulty in understanding. In each item, participants were given the definition of the adjectives and then asked about their perception. Example of the instruction provided: "Considering that a wise person is a person who knows a lot, who has deep knowledge and a fool is a person with little knowledge, who acts without judgment, who acts without thinking, for you, an elderly person in general is wise or fool? Please respond on a scale from 1 (totally wise) to 5 (totally foolish)".

Knowledge about old age was assessed using the Palmore-Neri-Cachioni Questionnaire for the Assessment of Basic Knowledge about Old Age, translated and adapted by Cachioni (2002). The instrument contains 25 multiple choice questions addressing general knowledge about the elderly and the aging process in five domains: physical (9), cognitive (3), psychological (9) and social (9), with some questions covering more than one domain and the score is given for each one. Thus, the maximum questionnaire score was 30 points.

## Procedures

This study is part of a larger project that aimed to investigate beliefs, knowledge and care practices of formal caregivers in LTCF in the city of Belém (PA) and the study has been approved by the Research Ethics Committee under opinion nº 811.815.

The caregivers were approached individually, during the workday; the investigation objectives were introduced to them and the signature of the Free and Informed Consent Form (FICF) was required from those accepting to participate in the investigation. Then the attitude scale was applied as well as the knowledge questionnaire; the caregivers were informed that the objective of the questionnaire was to verify what they knew about old age and that they should choose only one of the alternatives. Caregivers were allowed to interrupt the task of responding to the instruments, if they had to perform any activity in connection with their job, and should resume responding as soon as they would become available again.

## Data Analysis

In the Attitude Scale, the scores of each pair of adjectives were distributed in three categories: positive, negative and neutral beliefs. Positive beliefs would be those beneficial beliefs about aging; negative beliefs would involve inadequate understandings and neutral beliefs would include beliefs neither positive nor negative, when participants did not position themselves in any of the poles of the scale, choosing the central factor (score three).

Data on attitudes/beliefs and knowledge were analyzed using the IBM Statistics 20 program, using descriptive statistics (measures of central tendency and dispersion). To verify the relationships between the variables beliefs, knowledge and socio-demographic data, the Spearman's correlation test was applied, with a significance level of 5%. The Spearman coefficient was chosen due to the small sample size.

## Results

Regarding the beliefs about old age, in general, the participants demonstrated neutral beliefs, as can be seen in Table 1. All averages were around score 3, which represents the neutral point of the scale, not taking a position on either adjectives that stand at the extreme poles in opposition.

With regard to basic knowledge about old age, the maximum score of the questionnaire was 30 points, and in three domains the maximum score was nine points each (physical, psychological and social) and in the fourth domain (cognitive), three points. The average total correct answers of the questionnaire was less than half ( $M = 12.4/SD \pm 3.4$ ). When considering the score by domain, the psychological and social domains showed the most distant medians from the total score in these factors, as can be seen in Table 2.

The relationships between beliefs and knowledge about old age and socio-demographic variables of caregivers (age, education, work time) can be seen in the Table 3.

**Table 1**

*Central tendency measures on caregivers' beliefs about old age*

Domains	Mean	Median	Standard Deviation	Minimum	Maximum
Cognition	3.4	3.3	0.6	2.1	4.8
Agency	3.3	3.2	0.6	2.1	4.8
Social Relationship	3.1	3	0.7	1.4	4.5
Persona	3.1	3.1	0.6	1.5	4.4
Scale Total	3.2	3.1	0.5	2.4	4.4

**Table 2**

*Central tendency measures on the knowledge scores on old age*

Domains/Total questions	Mean	Median	Standard Deviation	Minimum	Maximum
Cognitive/3	1.9	2	0.7	0	3
Physical/9	5.4	5.5	1.8	1	8
Social/9	2.6	3	1.2	0	5
Psychological/9	4.2	4	1.7	1	7
Questionnaire Total	12.4	12	3.4	4	20

**Table 3**

*Correlations between belief and knowledge variables and sociodemographic variables*

Sociodemographic Variables	Beliefs about old age			Basic knowledge			
	Cognition	Agency	Social Relat	Physical	Cognitive	Psychological	Social
Age							
correlation coefficient (cc)	-	-	-0.3	-	-0.6	-	-
$p^*$	-	-	0.05	-	0.0001	-	-
Education							
cc	-	-	-	-	0.5	0.4	0.4
$p^*$	-	-	-	-	0.05	0.018	0.01
Work time							
cc	-0.3	-0.4	-0.3	-0.4	-0.4	-	-
$p^*$	0.04	0.01	0.04	0.03	0.02	-	-

Note:  $*p < 0.05$ .

Moderate correlations indicate that work time was negatively correlated with beliefs in the agency domain; the longer the work time in the caregiver function, the lower the score in this domain, indicating a more positive belief. There were also matches in the physical and cognitive domains of the knowledge scale, for those who had more time working on the job.

Absence of a significant relationship between education and the attitude scale scores was observed. However, it was found that the higher the education, the greater the correct answers in the cognitive, physical and social domains of the knowledge scale about old age. And the older the caregiver's age, the lower the number of correct answers in the cognitive domain.

## Discussion

The purpose of this study was to identify the existence of a relationship between beliefs and knowledge about old age and the socio-demographic variables of caregivers.

Regarding beliefs about old age, Cachione and Aguilar (2008) also found results with neutral averages. They explained the fact on account of the sample being composed of people with gerontology knowledge (post-graduate teachers) who, therefore, would be more aware of the heterogeneity of old age, preferring to remain at the neutral point of the scale instead of the extreme points of the characteristics of the elderly, indicating that old people are always in a good or bad mood.

In the present study, most caregivers had not participated in specific health courses for the elderly; therefore, they had little technical knowledge about gerontology. Thus, as the first inference to explain this result (neutral beliefs), the time working in the function (an average of four years) and the fact that they care for several elderly people are highlighted as being likely facilitators of the knowledge that aging is a heterogeneous process, making it difficult to choose a specific adjective (wise or foolish; good-natured or moody). The second inference would be the expectation of the participants as to what would be the most appropriate response to the investigated items, which may have influenced responses to the center of the scale (neutral), demonstrating that the caregivers may not have wanted to commit themselves by choosing the extremes.

The first inference allows the understanding that such neutral beliefs would positively influence care practices, since they do not set boundaries for the elderly as being with specific characteristics – strong or weak; wise or foolish – but with unique characteristics that can change according to their life story, the context, among other variables, enabling an individualized and unique care.

Regarding the level of basic knowledge about old age, our findings show that it is lower than the level found by Ferreira and Ruiz (2012). This fact allows reflections on the qualification of professionals who have to deal daily with more dependent elderly people who need specific, comprehensive and integrated care. Thus, based on the literature presented, it can be said that the little knowledge in this field can influence the professionals when performing their activities; how they care and how they treat the elderly as human beings.

Based on the negative correlation found between length of service and beliefs, specifically in the agency domain, which concerns decision-making capacity (autonomy), we can state that when caregivers start in their job they tend to perceive the elderly as more dependent concerning autonomy and instrumentality for different performances. Over the time, together with the experience acquired in the role and possible training courses, this belief changes. In the study by Silva et al. (2012), the Autonomy domain showed a lower mean in connection with other domains. According to the authors, autonomy exists even when there is a need for help to perform some activity. Loss of autonomy has important effects on social life and can lead to feelings of incapacity and disability (Pereira & Soares, 2019; Silva et al., 2012) that may be enhanced by caregivers

when they perform tasks for the elderly or decide on their behalf actually when the elderly are still capable of performing or deciding on their own.

Regarding knowledge about old age, the older the participants, the lower the level of correct answers in the cognitive domain of the questionnaire. This category should assess the proportion of elderly people with cognitive problems; the work efficiency among the elderly and their ability to learn, compared to young people. The fact that older caregivers are those with less education may have influenced these results, as these are questions that demand specific knowledge and the matter is usually addressed in specific courses in the field. When taking into account that the education variable was positively correlated with the correct answers in the cognitive, psychological and social domains, this hypothesis becomes clearer.

The low level of correct answers in the knowledge questionnaire corroborates the results of the study by Brito et al. (2018) carried out in a Philanthropic Institution in the city of Belém (PA), a fact that highlights the need to invest in education of this professional category.

Caregivers' beliefs and their knowledge about old age are paramount for conducting care practices that are more appropriate for stimulating development in old age, such as maximizing gains and compensating for losses.

The form of interaction of the caregiver with the elderly can help developing in the elderly a greater control and management of their setting, greater sense of control; performance and development of their skills, in addition to a good sense of life meaning (Silva et al., 2012).

Educational intervention has shown to be effective for training caregivers of elderly people, both in terms of knowledge as well as attitudes towards old age (Moreira et al., 2018; Passos & Khoury, 2019). Education with the inclusion of gerontological content, enabling transformation education can favor the establishment of beliefs consistent with aging and development of the elderly (Santos, 2004). In addition, education and support actions for caregivers are effective in reducing the burden and improving the personal well-being of caregivers, as well as in the lives of the elderly (Thinnes & Padilla, 2011). The Institution's own technical staff (psychologists, physiotherapists, occupational therapists, social workers, nurses, etc.) can contribute providing training so that caregivers can develop a more human and critical view on aging (Sobral et al., 2018).

Poltronieri et al. (2018) highlight the performance of therapeutic workshops as possibilities of intervention to overcome some limitations, favoring well-being, social participation and motivation of the elderly to engage in different activities, considering the caregiver-elderly dyad.

To be a good caregiver can be related mainly to attitudes and displays of affection in the relationship (Gianfrancisco et al., 2017). Having a positive view on aging combined with an understanding of the limitations arising from the process and the recognition of the caregiver's responsibility in the task of caring of the elderly are combined with a vision of successful aging (Colussi et al., 2019).

## Conclusion

The data obtained demonstrated that the caregivers of public LTCF in Belém (PA) have neutral beliefs about the elderly. It is believed that the concern of becoming committed led to choosing the extremes of the scale, as well as the length of time in the function and the fact of caring for several elderly people may have influenced their responses. As neutral beliefs require an impartial choice, it is understood that these caregivers believe that the characteristics of the elderly people (represented by the scale's adjectives) depend on their life history or the context in which they interact or, even, that they were concerned to commit themselves by choosing one end or another. The level of knowledge below the midpoint of the index,

especially in the psychological and social aspects, demonstrates the education fragility of these caregivers and allows anticipating which subjects should be focused in a training program, since the lack of correctness involved mainly psychosocial themes. It is also noteworthy that, even with a low level of knowledge, data on neutral beliefs indicate a possibility of understanding aging as a heterogeneous process that, in fact, is positive, as it allows the understanding of the elderly as a unique person who requires individualized care. However, it is necessary to enhance caregivers training, through psychoeducational projects, to align beliefs and knowledge, in order that they consider old age as a stage of development that is subject to losses and gains, and is accompanied by a level of scientific knowledge in the field, in addition to the job experience.

Considering that the literature claims that comprehensive care for the elderly will only be possible when human resources trained especially to serve the elderly population become available and in view of the fact that educational fragility is present mainly in the psychological and social aspects, the results of this investigation point to the need to invest in public policies that value the role of caregivers and solidify their knowledge about the psychosocial aspects of old age, providing care models based on the set up of bonds that enable development at this stage of life, so that the gains of this relationship (caregiver-elderly) be bidirectional.

## Contributors

All authors contributed to the study design, data analysis and interpretation, review and approval of the final version of this article.

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