



A2.2 – Educative resources for teachers

BASIC CONCEPTS IN CAREGIVING AND WELL-BEING

Module: BASIC CONCEPTS IN CAREGIVING

Sub-Module: BASIC CONCEPTS IN CAREGIVING AND WELL-BEING



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Introduction

Module	BASIC CONCEPTS IN CAREGIVING
Sub-module	BASIC CONCEPTS IN CAREGIVING AND WELL-BEING
Lesson nr.	#1
Duration (minutes)	210
Date	

Lesson Outcomes

1. Recognize the main tasks to be performed by the caregiver
2. Distinguish the different typology of activities and the limits of action of the caregiver in each of them
3. Understand the importance of respecting for users' autonomy and self-determination
4. Understand the concepts of quality of life and well-being and its importance in the action of the caregiver

1. Caregiver tasks

1. The role of the caregiver is essential for the maintenance of Quality of Life in the Elderly
2. Taking care of someone implies being exposed to demanding tasks that are as difficult as the level of physical and mental dependence the person has
3. It is natural to see the caregiver as a "Care Giver", however, being a caregiver is a reciprocal relationship in which there is a receiver/caregiver interaction that has a fundamental role to ensure the quality of performance, the preservation of health and well- be of both

1. Caregiver tasks

Among the main tasks of the caregiver, there are:

1. act as a link between the person being cared for, the family and the health team
2. listening and showing solidarity with the person being cared for, helping with hygiene care
3. stimulate and help with feeding
4. help with mobility and physical activities

1. Caregiver tasks

- stimulate leisure and occupational activities
- perform position changes in bed and chair, and comfort massages
- administer the medications, according to the prescription and guidance of the health team
- communicate to the health team about changes in the health status of the person being cared for
- other situations that may be necessary to improve the quality of life and recovery of that person's health

1. Caregiver tasks

Basic Activities of Daily Living



- Self-care
- Mobility
- Feeding
- Personal Hygiene
- Sphincters control
- dress, undress, put on

Instrumental Activities of Daily Life



- Shopping
- Managing money
- Using the phone
- Cleaning
- Cooking
- Using transportation

1.1. Primary Tasks

- One of the biggest responsibilities of a caregiver is to help the elderly person with personal care.
- Taking care of someone is a huge task on the "shoulders"

Hygiene Care

Dressing

Disposal
Control
(fecal and urinary)

Move around
indoors

BATES CJ, BENTON D, BESALSKI HK, et al. (2002). "Nutrition and aging a consensus statement". *The Journal of Nutrition Health and Aging*, 6: 103-116.

Pinto, A. M., Veríssimo, M., & Malva, J. (2019). *Manual do Cuidador*. Imprensa da Universidade de Coimbra. <https://doi.org/10.14195/978-989-26-1851-7>

1.1. Primary Tasks

A higiene da pessoa que está a ser cuidada é um dos fatores mais importantes para o conforto e qualidade da sua vida

O cuidador deve sempre optar por “fazer com” a pessoa que está a ser cuidada, incentivando-a ao autocuidado, e nunca “fazer para”

1.1. Primary Tasks

Hygiene Care

Total hygiene: bath in shower and/or bathtub or in bed in case of greater dependence

- Must be performed at least twice a week.

Partial hygiene: involves washing part of the body, often the regions with abundant secretion and greater lack of hygiene, such as: face, mouth, hands, armpits and perineum (includes the genital and anal region)

1.1. Primary Tasks

Hygiene includes one or more of the following activities

- Provide cleansing of the body, including eyes, ears, nose and perineum
- Provide oral hygiene, including dental prosthesis care
- Caring for your hair - Well-washed and groomed hair prevents skin irritation and infections. Hair appearance influences self-image and the reactions and opinions of others

1.1. Primary Tasks

Hygiene includes one or more of the following activities

- Shave the face or other parts of the body
- Provide foot and nail care
- In the most dependent people who are bedridden, changing the bed linen is also a hygiene activity

1.1. Primary Tasks

Dressing the person

- Provide the use of personal clothing that signifies an active life (eg, wearing a tracksuit, wearing sneakers)
- Provide easy-to-wear/wear clothing/shoes (eg Velcro, fasteners)
- Allow the person to choose their own outfit
- Allow extra time for the person to dress alone

1.1. Primary Tasks

Disposal control

It has concrete goals, namely:

1. Promote continence, helping the person to go to the bathroom or use support products;
2. Avoid wearing a diaper
3. Monitor the urinary volume

1.1. Primary Tasks

Disposal control

- Take the patient to the bathroom every 2 hours and eventually wear a diaper at night for comfort
- Guide the patient to recognize and use the bathroom
- Be aware of changes in urine or stool and notify the treating physician
- Place the bedpan periodically and whenever the bedridden person asks
 - after being properly placed give some privacy to the person

1.1. Primary Tasks

Move around indoors

Helping with
mobilizations

Managing transfers

1.1. Primary Tasks

Move around indoors

- Encourage mobility and avoid sedentary lifestyle
- Helping the person to find their way around the environment in which they live, using signs or giving simple directions or adapting the environment
- Supervise or accompany on routes
- When necessary, assess the best technical help (cane, walking frame, among others) for the person and for the places where he/she moves

1.1. Primary Tasks

Move around indoors

- Keeping places of mobility free of furniture or other unnecessary objects
- Remind people to change position in bed every two hours (for example, pull yourself using the bed rails and/or handles; place your right hand on the rail and pull the left side of the body)
- Keep the bed in a lower position to facilitate transfers
- Prevent falls

1.1. Primary Tasks

Move around indoors

- Prevent and monitor the appearance of pressure ulcers on the skin
- Encourage walking indoors (eg from living room to bathroom)
- Encourage and ensure the use of appropriate footwear (for example, adapted to the foot, especially the bunion, thin and firm insole, closed in the posterior region and with support, adherent sole, easy to put on or take off, preferably with Velcro and low sole)

1.1. Primary Tasks

Move around indoors

- In cases of total or partial dependence to move or transfer, the caregiver has to assist or replace the person throughout the process
- In transfers and placements, the caregiver's tasks are more demanding the more the caregiver's degree of physical dependence

1.2. Monitoring tasks

Outdoors
activities

Household
activities

Administrative
tasks

Managing
money and
assets

1.2. Monitoring tasks

Outdoors activities

- Helping with travel and tours
- Follow up to the pharmacy, consultations, supermarkets, among others
- Ensuring the safety of travel
- Helping to strictly comply with appointment times and other scheduled departures

Household activities

- Cleaning and tidying the house
- cook when necessary
- Take care and tidy up the clothes
- tidy up purchases
- When justified, control comfort at home, such as the temperature of the house

1.2. Monitoring tasks

Administrative tasks

- Handle documentation

Managing money and assets

- Protect assets
- Manage bank accounts properly
- Make payments

1.3. Feeding tasks

- Food is a process based on the body's nutrition.
- Nutrition is essential for the growth, metabolism and repair of the body and its organs.
- With aging, there is a decrease in the mechanisms of ingestion, digestion, absorption, transport and excretion of substances
 - This leads to particular nutritional needs associated with aging and certain pathologies

1.3. Feeding tasks

- Food tasks are not limited to the act of cooking
- Caregivers must be able to go beyond cooking meals.
- In feeding, it is the caregiver's responsibility:
 - Prepare the meal properly
 - Feed the elderly if necessary
 - clean the dishes and keep the kitchen tidy

1.3. Feeding tasks

- The correct diet is never complete if the hydration of the person being cared for is not ensured
- It is essential to offer water or water-based products throughout the day, even when you are not thirsty.
- When the person is unable to swallow liquids, a thickener should be used to prevent choking

1.4. Cognitive and social tasks

- When having a dialogue, sit beside or in front of the person, speak slowly and articulate the words well, if necessary increase the tone of voice
- Encourage interaction with friends and family through visits, phone calls and letters
- Helping the person maintain a recreational and stimulating routine. For example: reading, writing, playing cards, dominoes
- Create stimulating occupation activities, for example: exercises that work memory, attention, learned knowledge about colors, objects and shapes, language and/or logical reasoning functions.

1.5. Medication Management Tasks

- Prepare medication according to medical prescription
- Correctly administer the medication according to the medical prescription
- Control medication schedules
- Administer SOS medication if necessary and according to medical advice

1.6. The range of action and responsibility

The caregiver's actions must not be invasive, there are limits of conduct:

The caregiver must ensure:

- The satisfaction of fundamental basic needs
- Control of health status (deviations from normality)
- Monitor health signs (temperature or symptoms of illness)

1.6. The range of action and responsibility

- Caregiver roles may vary from day to day.
 - However, the basic tasks, as a general rule, remain the same when caring.
- Perceived responsibility does not reduce or increase with the number of tasks the caregiver has to do.
- The caregiver is not always able to perceive the limits of their performance or responsibility

1.6. The range of action and responsibility

- The caregiver at no time replaces a technical element of the teams, any more invasive health or support action for the person must be referred to a technician who must monitor and prescribe actions or measures of action
- There are specific tasks that the caregiver can perform after proper training such as: administration of enteral feeding.

1.7. Respect for autonomy and self-determination

“Out of respect for the dignity of the human person and their autonomy, the right to self-determination in health care must be respected by everyone, as a fundamental right. ”

Pereira, 2018 (Pág. 14)

1.7. Respect for autonomy and self-determination

- Autonomy is one of the focuses of healthy aging, and promoting the autonomy of elderly people, the right to self-determination
- Maintaining dignity, integrity and freedom of choice is essential to promote the quality of life of the person being cared for.

1.7. Respect for autonomy and self-determination

- Respect for autonomy presupposes the provision of information and obtaining the informed consent of the elderly
- During the provision of care, communicating and receiving your will, without having been subjected to coercion, influence, inducement or intimidation, is the purest means of exercising the right to self-determination

Cardoso, R. B., Pacheco, S. T. d. A., Caldas, C. P., Souza, P. A. d., Peres, P. L. P., & Nunes, M. D. R. (2019). Prática confortadora ao idoso hospitalizado à luz da bioética. *Revista Bioética*, 27(4), 595–599. <https://doi.org/10.1590/1983-80422019274342>

Cunha, J. X. P. d., Oliveira, J. B., Nery, V. A. d. S., Sena, E. L. d. S., Boery, R. N. S. d. O., & Yarid, S. D. (2012). Autonomia do idoso e suas implicações éticas na assistência de enfermagem. *Saúde em Debate*, 36(95), 657–664. <https://doi.org/10.1590/s0103-11042012000400018>

2. Quality of life and well-being

Quality of life is:

"the perception that an individual has about their position in life, within the context of the culture and value systems in which they are inserted and in relation to their goals, expectations, standards and concerns"

2. Quality of life and well-being

- The concern with “quality of life” is a movement within the human and biological sciences that aims to value other components of a person's life that go beyond symptom control, reducing mortality or increasing life expectancy.

2. Quality of life and well-being

- The concept of quality of life is directly associated with self-esteem and personal well-being and can include aspects such as:
 - functional capacity
 - socioeconomic level
 - emotional state
 - social interaction
 - intellectual activity
 - self care
 - family support
 - health condition
 - cultural, ethical and religious values
 - Lifestyle
 - satisfaction with daily activities
 - environment in which you live.

2. Quality of life and well-being

- The choices we make throughout life, such as:

food

physical
activity

work
conditions

environment
we live in

among
others

are factors that influence not only our longevity and health, but also our future quality of life in old age

2. Quality of life and well-being

- There are several ways in which quality of life is perceived by each person, and there are determinants that are more present with advancing age, such as:
 - positive affects, security and social equality (Irigaray and Trentini, 2009)
 - health, autonomy, psychological factors (loneliness, personality), adequate environment (housing, social environment, services), social factors (social isolation), self-esteem and dignity, economic deprivation. (Llobet et al., 2011)

IRIGARAY, Tatiana; TRENTINI, Clarissa. *Qualidade de vida em idosas: a importância da dimensão subjetiva. Estudos de Psicologia. [Em linha]. Julho/ Setembro, 2009, vol. 23, nº3 [Consult. 4 dez. 2021], pp.297-304. Disponível na Internet: <URL: <http://www.scielo.br/pdf/estpsi/v26n3/v26n3a03.pdf>>.*

Llobet, M. P., Ávila, N. R., Farràs Farràs, J., & Canut, M. T. L. (2011). Quality of life, happiness and satisfaction with life of individuals 75 years old or older cared for by a home health care program. *Revista Latino-Americana de Enfermagem*, 19(3), 467–475. <https://doi.org/10.1590/s0104-11692011000300004>

2. Quality of life and well-being

- In order to assess the quality of life and quantify it, assessment instruments were developed and tested
- The WHO, in the 90s, created a working group to design an instrument to assess the Quality of Life
 - The WHOQOL-100 appeared
 - Later came the WHOQOL-bref

IRIGARAY, Tatiana; TRENTINI, Clarissa. Qualidade de vida em idosas: a importância da dimensão subjetiva. Estudos de Psicologia. [Em linha]. Julho/ Setembro, 2009, vol. 23, n°3 [Consult. 4 dez. 2021], pp.297-304. Disponível na Internet: <URL: <http://www.scielo.br/pdf/estpsi/v26n3/v26n3a03.pdf>>.

Llobet, M. P., Ávila, N. R., Farràs Farràs, J., & Canut, M. T. L. (2011). Quality of life, happiness and satisfaction with life of individuals 75 years old or older cared for by a home health care program. *Revista Latino-Americana de Enfermagem*, 19(3), 467–475. <https://doi.org/10.1590/s0104-11692011000300004>

2. Quality of life and well-being

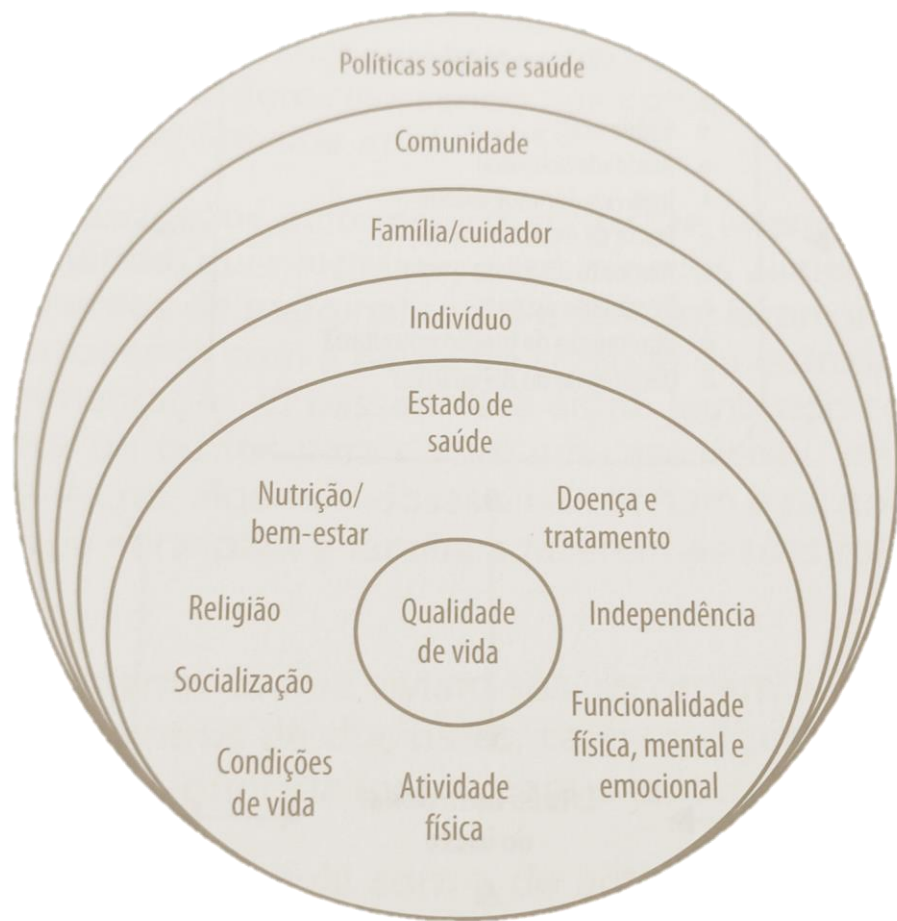
WHOQOL-100

- 100 questions
- 6 domains: physical, psychological, level of independence, social relationships, environment and spirituality/religiosity/personal beliefs

WHOQOL-bref

- 26 questions
- 4 domains: Level of independence, Social relations, Environment, Spiritual aspects/religion/personal beliefs

2. Quality of life and well-being



ADA cit. Paúl, C., & Ribeiro, 2012
(pag. 43)

- For the elderly, the surrounding environment and the condition itself is essential for the quality of life and has positive and negative interferences in it.
- On a day-to-day basis, caregivers replace, in various situations, the person being cared for, and they have to act as if they were the ones to take care of themselves, with the person's autonomy and independence being compromised.

2. Quality of life and well-being

- Being a caregiver is not an activity free from difficulties, caring is to promote quality of life and ensure the satisfaction of a set of indispensable needs, which are diverse in their manifestation and conditioned countless times by a set of factors
- The caregiver has to create an empathic relationship that promotes the satisfaction of the needs of the person being cared for, without forgetting that they are facing a person with desires, likes, motivations and interests

2. Quality of life and well-being

- During the tasks that the caregiver has to do everything that goes against the person being cared for.
- Actions, dialogue, posture and behavior must be consistent with what the person needs, decides and intends to, ensuring that: in addition to the quality of services provided, one must have qualities as a Human Being who creates positive and healthy relationships



Thank you!

Teachers's name

Teachers e-mail

Date of the session

