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RELATIONSHIP BETWEEN HOPE AND SPIRITUALITY OF ELDERLY CAREGIVERS

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ABSTRACT

Objective: to analyze the relationship between hope and spirituality of elderly who are caregivers.

Method: this is a correlational, cross-sectional study. The sample consisted of 301 elderly caregivers, enrolled in Family Health Units. The instruments used in data collection were the Herth Hope Scale and the Pinto and Pais-Ribeiro Spirituality Scale.

Results: data indicate low positive correlation between the hope scale and the "belief" domain (r=0.174) and positive and strong correlation between the hope scale and the "hope/optimism" domain (r=0.615) of the spirituality scale, with statistical significance (p<0.01).

Conclusion: the relationship between the level of hope and spirituality occurred, thus, important positive factors for the elderly caregivers in the face of the care activity can be considered.

DESCRIPTORS: Hope. Spirituality. Elderly. Caregivers. Gerontology.

RELAÇÃO ENTRE A ESPERANÇA E A ESPIRITUALIDADE DE IDOSOS CUIDADORES

RESUMO

Objetivo: analisar a relação entre a esperança e a espiritualidade de idosos que desempenham papel de cuidadores.

Método: trata-se de um estudo correlacional, de corte transversal. A amostra foi composta por 301 idosos cuidadores, cadastrados em Unidades de Saúde da Família. Os instrumentos utilizados na coleta de dados foram a Escala de Esperança de Herth e Escala de Espiritualidade de Pinto Pais-Ribeiro.

Resultados: os dados apontam para a existência de correlação positiva, de fraca magnitude entre a escala de esperança e os domínios "crenças" (r=0,174) e correlação positiva e forte entre a escala de esperança e o domínio "esperança/otimismo" (r=0,615) da escala de espiritualidade, com significância estatística (p<0,01).

Conclusão: houve confirmação da relação entre o nível de esperança e de espiritualidade, assim, podem ser considerados fatores positivos importantes para os idosos cuidadores diante da atividade do cuidado.

DESCRITORES: Esperança. Espiritualidade. Idosos. Cuidadores. Gerontologia.

RELACIÓN ENTRE ESPERANZA Y ESPIRITUALIDAD DE ADULTOS MAYORES CUIDADORES

RESUMEN

Objetivo: analizar la relación entre la esperanza y la espiritualidad de las personas mayores que juegan el papel de los cuidadores.

Método: estudio de correlación de corte transversal. La muestra fue de 301 cuidadores de ancianos, registradas en las Unidades de Salud de la Familia. Los instrumentos utilizados en la recolección de datos fueron la Escala de Esperanza Herth y la Escala de Espiritualidad de Pinto Pais-Ribeiro.

Resultados: los datos apuntan a la existencia de una correlación positiva de magnitud débil entre la esperanza de escala y las ¨creencias¨ (r=0,174) y correlación positiva y fuerte entre la escala de esperanza y los dominios "esperanza/optimismo" (r=0,615) de la escala espiritualidad, con significancia estadística (p <0,01).

Conclusión: hubo confirmación de la relación entre el nivel de la esperanza y la espiritualidad, así, que se pueden considerar factores positivos importantes para los cuidadores de personas mayores en la actividad asistencial.

DESCRIPTORES: Esperanza. Espiritualidad. Personas de edad avanzada. Cuidadores. Gerontología.

INTRODUCTION

The increase in the number of elderly with physical and emotional weaknesses may lead to special care need. From this need arises the caregiver role, which is usually a family member and voluntarily takes the responsibility of caring for the elderly, in different contexts of dependence, difficulties or incapacities to perform daily life activities.[1]

Caregivers can show the most diverse feelings that permeate the care process - exhaustion, stress, fatigue, but also tenderness, well-being and affection. Negative feelings require reflection and help for the family member caregiver in coping with the role of caring.[2]

The caregiver assumes a commitment that transcends a relationship of exchange. Their capacity to adapt to new realities are tested every day, impacting on their emotional and feeling state as well as the psychological and physical limits, and posture of coping before life.[3] Since the condition of care can generate emotional exhaustion in the individual, hope for improvement can boost hope, and this psychological variable is of paramount importance to be encouraged in caregivers, including by healthcare professionals in relation to care responsibilities.

Hope is an element that stimulates the human being in his/her existence, allowing feeling of an optimistic future. It relates to the issues of "well-being, quality of life, survival and provides strength to solve problems and coping such as loss, tragedy, loneliness and suffering".[4:228]

Promoting hope is beneficial to people's health and enables them to cope with crises; thus, measuring hope encourages the implementation of interventions for patients with chronic diseases and their relatives.[5] In this context, hope can be an important variable in the act of caring and an element that motivates the caregiver in the care and self-care activities and instigate them to believe they can act differently in face of the new reality, as well as the acceptance and coping with the obstacles of life.[6]

A national study has shown the existence of a relationship between hope and spirituality.[7] The spiritual dimension is considered relevant in the attribution of meanings to life and a resource of hope, since, in times of difficulties, individuals seek faith and beliefs to cope with adverse situations.[8] For caregivers, faith is a way of caring for themselves and helps them to provide themselves with the hope and strength to continue the course of life.[6]

Spirituality and religiosity offer the caregiver and family members' greater emotional, spiritual and social support.[9] They give meaning to life, to old age, dependence and caring; they collaborate so that life events are interpreted in a more positive way and play a fundamental role in overcoming the difficulties experienced by the caregiver on a daily basis.[10]

Available literature survey on hope and spirituality in the care context revealed gaps in the understanding of the experience of these variables in caregivers of the elderly, and in particular, when referring to caregivers who are also elderly, which, increasingly, have become a representative figure of the care provided to the dependent family member. Therefore, this study aimed to analyze the relationship between hope and spirituality of elderly people who play the role of caregivers.

METHOD

The study based on the STROBE (*Strengthening The Reporting of Observational Studies in Epidemiology*) verification list.[11]

This is a correlational, cross-sectional study developed in a city of São Paulo, in the districts belonging to all the Family Health Units (FHUs) in the city.

The Research Ethics Committee of the *Universidade Federal de São Carlos* approved the study (Opinion No. 416.467/2013 – CAAE No. 22956313.6.0000.5504) and was financially supported by the Coordination of Improvement of Higher Education Personnel (Capes).

The sample consisted of 301 persons who met the following inclusion criteria, being 60 years or older; to be enrolled in one of the 14 FHUs and to play the caregiver role of their elderly dependent family member living in the same household.

From a list provided by FHUs with 594 households where at least two elderly people lived, there were 123 losses, 26 due to death, 28 due to changing address, and 69 in which the elderly were not found after three attempts in different periods. Of the 471 households in which the elderly were found and clarified about the research, 84 refused to participate. Of the 387 households remaining, 36 elderly were independent and did not need care. In 351 houses, we identified an elderly who cared for another elderly, but we excluded 50 who did not complete the hope and/or spirituality assessment, totaling the sample of 301 elderly caregivers.

The interviews took place individually at their residences, between April and November 2014, by a team composed of properly trained researchers. Elderly caregivers responded to a sociodemographic and care characterization tool, Herth Hope Scale (HHS)[4] and Pinto and Pais-Ribeiro Spirituality Scale (PP-RSS).[12]

The HHS was elaborated by Herth (1992), originally called *Herth Hope Index* (HHI). It went through cultural adaptation and validated for the Portuguese language with satisfactory internal consistency (Cronbach's alpha=0.83).[4] HHS aims to capture the elements that reflect hope of the populations in clinical situations, qualifying it. The scale consists of 12 items, written in an affirmative way in which the items are graded by a 4-point Likert scale, varying from "strongly disagree" to "strongly agree", in which 1 point indicates "strongly disagree" and 4 points indicate "strongly agree", and the affirmation of items 3 and 6 have inverted scores. The total score ranges from 12 to 48 points and the higher the score, the higher the level of hope.[4]

PP-RSS has Portuguese origin, developed by Pinto and Pais-Ribeiro (2007) and validated for Brazil by Chaves et al.[12] with internal consistency considered acceptable (Cronbach's alpha=0.64). It evaluates spirituality in health contexts and is composed of five issues, focused on the attribution of meaning of life and the construction of hope and a positive life perspective. The answers are separately punctuated items, given on a scale of four alternatives, between "disagree" and "fully agree". From the factorial analysis, two subscales denominated "beliefs" and "hope/optimism" resulted. The score of each subscale is done by the mean of its items, as follows: "beliefs=(Question 1+Question2)/2"; "hope/optimism=(Question3+Question4+Question5)/3".[12] The mean score of this scale can vary from 1 to 4, and the higher the value obtained in each item, the greater the agreement with the evaluated dimension.

Data were typed in Excel worksheet and transported for analysis in the Statistical Package for Social Sciences (SPSS for Windows), version 20.0. For the descriptive data analysis, the position measurements (mean, median, minimum and maximum) and of dispersion (standard deviation) were calculated. We used Cronbach's alpha (α) to verify the internal consistency of the scales (HHS and PP-RSS).[4,12] Given the confirmation of absence of normal data using the Kolmogorov-Smirnov test, we used the Spearman correlation coefficient to verify the existence and magnitude of the correlation between HHS and PP-RSS. In this study, the magnitude of the correlations was classified as: low (<0.3); moderate (0.3 to 0.59); strong (0.6 to 0.9) and perfect (1.0).[13] Level of significance adopted for the statistical tests was 5% ($p \leq 0.05$).

RESULTS

Table 1 shows the sociodemographic and care characterization data of the 301 elderly caregivers.

Table 1 - Distribution of elderly caregivers attending Family Health Units according to sex, age, civil status, education, income, religion and care characterization. São Carlos-SP, Brazil, 2014. (n=301)

Variable	n	%
Sex		
Female	227	75.5
Male	74	24.5
Age		
60 to 69 years	171	56.8
70 to 79 years	94	31.2
80 years or more	36	12.0
Marital status		
With a partner	270	89.7
With no partner	31	10.3
Education		
Illiterate	60	20.0
1 to 4 years	179	59.4
5 to 8 years	32	10.6
9 years or more	30	10.0
Caregiver income		
More than 1 MW*	88	29.2
Up to MW	140	46.6
No income	64	21.2
No information	9	3.0
Religion		
Catholic	189	62.7
Evangelical	72	24.0
Other	33	11.0
No religion	7	2.3
Religious practice		
Practitioner	233	77.5
Non-practitioner	68	22.5
Takes care of		
Spouse	254	84.3
Father/mother	24	8.0
Father/mother-in-law	7	2.3
Brother/sister	11	3.7
Other	5	1.7
Time of care (years)		
More than 5 years	128	42.6
From 1 to 5 years	103	34.2
Up to 1 year	61	20.2
No information	9	3.0
Time of care (per day)		
Up to 5 hours	192	63.7
From 6 to 10 hours	53	17.7
More than 10 hours	48	16.0
No information	8	2.6

*MW= Minimum wage (considered R$ 724.00 for the first half of 2014 in Brazil).

There was more female (75.4%) and age between 60 and 98 years, with a mean of 69.7 (±7.1) years. Most of them reported being married (89.7%) and mean education 3.83 (±3.66) years. Regarding the caregivers' income, 46.5% receive up to a minimum wage. There was predominance of the Catholic religion (62.7%), of which 77.4% of the caregivers reported being practitioner.

In the characterization of care, 84.3% were responsible for caring for the spouse; 42.5% reported

being caregivers for more than five years and the majority (63.7%) reported dedicating up to five hours of daily care to the elderly.

Table 2 shows hope measurement of the 301 elderly caregivers evaluated by HHS.

Table 2 - Descriptive statistics of the scores, attributed by the elderly caregivers attending the Family Health Units, of the Herth Hope Scale. São Carlos-SP, Brazil, 2014. (n=301)

HHS items	Mean	SD*	Median	Obtained variation	Possible variation
1. I am optimistic about life	3.39	0.87	4	1 - 4	1 - 4
2. I have short and long term plans	2.58	1.20	3	1 - 4	1 - 4
3. I fell alone	3.29	1.03	4	1 - 4	1 - 4
4. I can see possibilities amidst difficulties	3.40	0.78	4	1 - 4	1 - 4
5. My faith comforts me	3.87	0.48	4	3 - 4	1 - 4
6. I am afraid of the future	3.16	1.09	4	1 - 4	1 - 4
7. I can remember happy times	3.43	0.92	4	1 - 4	1 - 4
8. I feel strong	3.32	0.88	4	1 - 4	1 - 4
9. I feel capable of giving and receiving affection/love	3.66	0.68	4	2 - 4	1 - 4
10. I know where I want to go	3.32	0.91	4	1 - 4	1 - 4
11. I believe in the value of each day	3.68	0.60	4	1 - 4	1 - 4
12. I feel that my life has value and utility	3.72	0.55	4	2 - 4	1 - 4
Total HHS	40.9	5.45	42	22 - 48	12 - 48

*SD=Standard deviation

Table 2 shows the mean of each of the 12 items that compose HHS, as well as the standard deviation, median and variation obtained. Item 2 – "I have short and long term plans" – showed the lowest mean score of 2.58 (±1.20). On the other hand, the item 5 had the highest mean score "My faith comforts me" - with a mean 3.87 (±0.48).

The mean score obtained in HHS was 40.9 (±5.4) and the variation obtained was from 22 to 48 points. The scale score can vary from 12 to, 48 and the higher the score, the higher the individual's level of hope. As to the internal consistency of HHS, Cronbach's alpha was 0.76, indicating satisfactory scale homogeneity.

Table 3 shows the spirituality of the 301 elderly caregivers.

Table 3 - Descriptive statistics of the scores, attributed by the elderly caregivers attending the Family Health Units, of the Pinto and Pais-Ribeiro Spirituality Scale. São Carlos-SP, Brazil, 2014. (n=301)

PP-RSS items	Mean	SD*	Median	Obtained variation	Possible variation
1. My spiritual/religious beliefs give meaning to my life	3.83	0.50	4	2 - 4	1-5
2. My faith and beliefs give me strength in times of trouble	3.87	0.31	4	1 - 4	1-5
3. I see the future with hope	3.22	1.06	4	1 - 4	1-5
4. I feel that my life has changed for the better	3.24	1.14	4	1 - 4	1-5
5. I learned to value the little things of life	3.72	0.51	4	2 - 4	1-5
Overall PP-RSS	17.90	2.47	19	6 - 20	5 - 20

*SD=Standard deviation

Among the five items assessed by the PP-RSS, Table 3 shows that the item "I see the future with hope" was the one that obtained the lowest mean (3.22±1.06); but the item "My faith and beliefs give me strength in times of trouble" obtained the highest mean score, 3.88 (±0.31). The mean scores on the "beliefs" and "hope/optimism" dimensions were 3.85 (±0.45) and 3.39 (±0.69), respectively, and the overall spirituality score was 17.9 (±2.47), indicating a high spirituality level. The internal consistency of the scale in this study was equal to the validity study and considered acceptable (α=0.64).

As to the relationship between hope and spirituality of the elderly caregivers, there was a positive low correlation between HHS and beliefs (r=0.174); positive and strong correlation between HHS and hope/optimism (r=0.615) and positive strong correlation between HHS and overall score (r=0.605) of PP-RSS, all of which statistically significant (p<0.01).

DISCUSSION

In the literature, we found a study that showed an association between hope and spirituality in patients undergoing hemodialysis.[7] This study contributes to the knowledge in the area, showing that this association also exists in the elderly responsible for caring for another dependent elderly.

The total HHS mean score of the elderly caregivers was 40.9 (±5.4) and a score range from 22 to 48. In the search for studies with caregivers in which HHS was applied, a Pittsburgh/USA survey aimed to establish the reliability and validity of HHS in a sample of family member caregivers and individuals affected by cognitive disorders. It identified an mean age 70.1 years and the mean HHS score 38.8 (±5.2) points for the caregivers and in the individuals with cognitive disorders, a mean 74.2 years and 39.7 (±5,2) points in HHS, and showed good internal consistency and evidence of HHS validity for the investigated population.[14] A Norwegian study aimed at describing the levels of hope and tension of family member caregivers of patients with advanced cancer obtained a mean score 36.8 (±4.0) in HHS, mean age 63.1 years, and showed that family member caregivers with lower HHS scores reported significantly higher levels of stress.[15]

Regarding the use of HHS in other populations, a study aimed to characterize 50 elderly chronic kidney disease patients undergoing hemodialysis according to sociodemographic and clinical aspects, and to assess the level of hope identified elderly individuals aged 67-73 years, predominantly male, with a treatment time variation of 1 to 132 months and an average score of 36.20 (±2.90) in HHS.[5] Other research that sought to identify hope and depression in 89 patients undergoing chemotherapy in a hospital in the south of Brazil showed a mean score similar to this study, of 40.8 (±4.45), ranging from 26 to 48 points, in patients with a mean age 57.0 years. [16]

When analyzing each of the 12 items on the scale, the three alternatives that presented higher means were, "My faith comforts me", "I believe in the value of each day" and "I feel that my life has value and utility", in descending order, for elderly caregivers. The findings corroborate studies in the literature, in which the highest means were obtained in the alternatives "I am afraid of the future", "I feel that my life has value and utility" and "I believe in the value of every day" in patients undergoing hemodialysis[7] and "I feel my life has value and utility," "I believe in the value of each day," and "My faith comforts me" in the study of oncologic patients.[16] Thus, there are similarities among the alternatives with high means, in different contexts and populations.

There is evidence of a high overall HHS mean in this study, which reflects on the factors that may influence this outcome, whether the role of caregiver of another dependent individual may suggest that they have more hope, or if because these caregivers are also elderly and the advanced age associated with care activities are factors that drive hope, thus, new studies are necessary to understand this relationship.

Regarding the level of spirituality of the elderly caregivers in this study, evaluated by the PP-RSS, the mean score for beliefs and hope/optimism was 3.85 (±0.45) and 3.39 (±0.69), respectively; values can vary from 1 to 4 points and, the higher, the higher the spirituality level. The means in relation to beliefs were higher, inferring that they use these resources more frequently. We found no studies assessing caregivers of elderly or elderly who performer as caregivers through PP-RSS. However, a study conducted at the Pediatric Endocrinology Service of the Clinical Hospital of Minas Gerais, Brazil, aimed at evaluating quality of life, self-esteem, depression and spirituality in parents who were caregivers of diabetic children, obtained a mean score for beliefs and hope/optimism of 3.33 and 3.26, respectively. They concluded that domains of functional capacity and social aspects (quality of life) and spirituality issues are the ones that presented the greatest impact in the parents who are caregivers of diabetic children,[17] evidencing the importance of spirituality in the care context.

A study carried out in Varginha-MG aimed to evaluate the level of spirituality and quality of life of oncologic patients undergoing chemotherapy, with a mean age 54.2 years. The mean score obtained for beliefs was 3.90 (±0.22) and hope/optimism was 3.70 (±0.38),[18] in which the spirituality level of the subjects was higher than in this study. When assessing the spirituality level of chronic renal elderly patients undergoing hemodialysis, a study carried out in São Carlos-SP obtained lower mean scores than this study in the beliefs and hope/optimism dimensions,

of 3.67 (±0.62) and 3.21 (±0.53), respectively.[7]

A study carried out in Portugal tried to compare spirituality of the elderly at the time of admission and discharge from hospital, in which the spirituality level was also lower than in this study, obtaining a mean 2.76 (±0.64) in beliefs and 2.35 (±0.65) in hope/optimism, at the time of admission, and 2.72 (±0.61) in beliefs and 2.26 (±0.6) in hope/optimism, at the moment discharge.[19]

In the analysis of each of the five items that make up the PP-RSS, the three highest averages obtained in descending order were, "My faith and beliefs give me strength in difficult times", "My spiritual/religious beliefs give meaning to my life," and "I learned to value to the little things in life," which meet the literature, in which the authors who used the scale to assess chronic kidney patients undergoing hemodialysis had higher mean scores on the same items.[7]

There is a shortage of studies assessing spirituality through PP-RSS in caregivers or in the elderly population, making it important to investigate spiritual issues in this context. The religious/spiritual dimension is present and relevant with the advancing age. Their existence and daily practice by the elderly provide them with the support and strength to face daily life, especially with the worries that this new phase of life can cause, arising from their own age and from factors such as illness, social context and loss.[20]

Regarding the relationship between hope and spirituality of elderly caregivers, the results showed the existence of a positive and low correlation between HHS and the PP-RSS beliefs domain and positive and strong correlation between HHS and the hope/optimism domain and the overall PP-RSS mean score.

The literature lacks studies that assess this relationship in elderly caregivers; however, a recent national study aimed to analyze the relationship between hope and spirituality of chronic kidney patients undergoing hemodialysis treatment, and they found, through the Spearman's correlation coefficient, the existence of a positive correlation, of moderate magnitude between HHS and PP-RSS, all statistically significant.[7]

The limitations of the study relate to the use of a cross-sectional design to indicate correlations between variables, since the possibility of reverse causality is intrinsic to this delineation, as well as the place of study, allowing us to assess only the residents in the areas covered by FHUs of the municipality.

CONCLUSION

Hope and spirituality of the elderly, who are caregivers, assessed in this study, were high and showed a positive correlation of strong magnitude. Thus, important positive factors of elderly who are caregivers can be considered in the process of care of the dependent elderly.

This study contributes to highlight the importance of professionals and health teams to identify and recognize emotional and spiritual factors in the life of the individuals, aiming to provide comprehensive care to the caregivers, allowing them to explore their existential dimension as well.

Thus, identifying and stimulating positive and protective factors related to the care process make it possible to prevent early health problems of the caregivers and to favor the planning of interventions aimed at improving the quality of life and care. Therefore, assessments and interventions made by health professionals should include hope and spirituality, in order to promote the physical, emotional and social well-being of caregivers, since they enhance the acceptance and coping with obstacles in the course of caring.

As future perspectives, we suggest studies with a control group of non-caregiver elderly in an attempt to elucidate whether high levels of hope and spirituality are associated with age or the fact of being a caregiver; and longitudinal studies with caregivers to verify the influence of time on hope and spirituality in the care context.

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