

## THE COMMUNITY PASTORAL AGENT, THE ELDERLY PERSON AND THEIR CAREGIVER

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**Abstract:** Characterize the relationship between the caregiver and the elderly person and the role of the pastoral agent in caring for the elderly and the family relationship. Descriptive-exploratory study, with a qualitative approach, applied through an interview script to 26 Community Pastoral Agents, 18 agents from the Pastoral da Pessoa Idosa (PPI) and 08 from the Pastoral da Saúde (PS). The results were worked on from the perspective of content analysis in two stages: Organization of information arranged in a database in Excel Spreadsheet and Classification of data by Categorical Content Analysis. The study was approved by the Research Ethics Committee of “Universidade Estadual do Amazonas” under CAAE number: 13352019.1.0000.5016. The role of the pastoral agent converges to qualified listening, family relationships and guidance to the elderly, caregivers and family members regarding care for the elderly. The caregiver needs to know how to listen. This caregiver role is developed mostly by family members who also need to have their demands and anxieties effectively heard. The guidelines provided by pastoral agents during home visits can contribute positively to promoting the health of both.

**Keywords:** Elderly. Elderly Health. Family relationships. Standard of Care.

## INTRODUCTION

The current Brazilian population profile has been characterized by increased life expectancy and, consequently, the growth in the number of elderly people. This scenario gives rise to the need for a holistic view of protection and actions in the various social fields that can guarantee the rights of the elderly. Faced with characteristics attributed to the elderly, as a former/worker, perceived as being useless, as it no longer produces profit, but generates expenses<sup>(1)</sup>, support actions in care for the elderly are important in order to

contribute to the coverage of care in aging, as well as to mitigate problems related to this phase of life.

The pastorals, based on the Catholic Church, come to contribute to the social role, acting in the interrelationship of care for the elderly. The term Pastoral or Pastoral Action represents the action or conjuncture of activities of the Catholic Church around the world, through missions with different groups and realities. The Evangelizing mission is carried out in three stages, one of which is Pastoral Action, which is aimed at continuing the actions of individuals initiated in catechesis and involving services with people in need, as well as having participation in the community<sup>(2)</sup>. The Brazilian Social Pastorals were consolidated in the 1970s, aiming at a dialogue with the public power with people's daily issues, concerned with health, quality of life and other social issues<sup>(3)</sup>.

The Health Pastoral comprises actions of reception, promotion, care, education, defense and celebration of human life. The solidary dimension aims to fully assist people in their physical, psychological, social and spiritual dimensions. The Community dimension aims to promote health and health education, closely linked to public health, in addition to training agents to multiply health guidelines. The political-institutional dimension, on the other hand, seeks partnership with training organizations that provide health services, acting in the inspection, denunciation and humanization of health actions<sup>(4)</sup>.

The Pastoral da Pessoa Idosa (PPI) began in 1993 from a discussion on the demands of community leaders and family members of elderly people. Among its objectives, the PPI ensures the dignity and integral value of elderly people, in the human and spiritual scope, with respect for their rights, in a continuous educational methodology for families and communities of distinction of

bio-political-social subjectivities, seeking to provide a harmonious coexistence with families and the community<sup>(5)</sup>.

These people assume the role of caring, which is related to social, gender, age and culture issues, kinship ties or very close ties. In this context there is the formal caregiver, yet another category emerges, represented by family members (informal caregivers), as they do not receive remuneration for carrying out such activity. It is still important to point out the little knowledge about these caregivers, their representational image of their activities and personal implications. Thus, we have care taking on many formats and expressions, being understood in the context of the elderly person with the aim of improving the quality of life<sup>(6)</sup>.

The relationship between the pastoral agents with the elderly and their caregivers, aiming at the care and coverage of health care, was the object of this study, seeking the relationship between the caregiver and the agent of the Pastoral da Pessoa Idosa and the Pastoral da Saúde. It was also envisaged to provide concrete information regarding health promotion, being able to contribute to strategies, implementation of policies and actions aimed at aging with quality.

## METHODOLOGY

This is a descriptive-exploratory study with a qualitative approach. A semi-structured interview script was applied to community agents from Pastoral da Pessoa Idosa and Pastoral da Saúde. The research was carried out in a Parish of the Archdiocese of Manaus in the south zone of Manaus-Amazonas.

The sample included 26 Community Pastoral Agents, 18 from the PPI and 08 from the PS. As inclusion criteria: to be active in the pastoral; be of legal age; participate in pastoral activities and meetings.

The interview was carried out by appointment and each interview lasted an average of 30 minutes. The collection period was from September 2019 to March 2020.

Data analysis followed two steps: Organization of information arranged in a database in Excel Spreadsheet and Classification of data by Categorical Content Analysis <sup>(7)</sup>.

The study was approved by the Research Ethics Committee of "Universidade Estadual do Amazonas" under the CAAE N.13352019.1.0000.5016.

## RESULTS

For the characterization of the subjects, the quantitative data were arranged in Table 1.

Gender	n (26)	%
Masculino	4	15,38
Feminino	22	84,61
Schooling	n	%
Elementary School	3	11,53
High school	12	46,14
Universities	11	42,30
Time of performance in the PPI/PS	n	%
10 months - 4 years	13	50
6- 10 years	10	38,46
13-15 years	2	7,69
18 years	1	3,84
Training to work in the PPI/PS	n	%
Yes	26	100

Table 1. Identification of subjects by gender, education, length of experience, training. Manaus, Amazonas, 2021.

Source: Elaboration of the authors, 2021.

Female participation is significantly higher, as well as the presence of subjects with high school education. As for the time of performance in the pastoral, the period from 6 to 10 years stood out as the one with the greatest participation. They all underwent training to work in the Pastorals.

## DISCUSSION

It was possible to identify that the role of the pastoral agent in the interrelationship of the elderly with the caregiver and their family members has multiple faces that converge to qualified listening, acting as a mediator between the parties involved, the family relationship and guidance to the elderly, caregivers and family members regarding care for the elderly, implementing the health promotion action.

### Qualified listening as a mediator in the interrelationship of the elderly, caregiver and pastoral agente

In the thematic-categorical analysis, the category **I'm like intervention between the two** (30.33%) of the categories, represented by the statements:

*My role is to talk, teach and even sometimes clear up a doubt, which the person sometimes has, sometimes when they have a health problem, indicate a doctor, where to get it (G).*

*We arrive to talk to the elderly and observe and let the elderly speak. We only talk if they ask a question (M).*

*I talk more to find out about the elderly person, if the elderly person is taking medication, if he is sad, if he does physical activity, if he drinks water. So we write down in the notebook, if he fell, drinks water, eats or is dependent (P).*

This category highlights that, in the view of the pastoral agents, they are, in fact, a reinforcement in the interrelationship between the elderly and their caregiver, reinforcing and confirming the social role proposed by the pastoral movement.

For the National Conference of Bishops of Brazil (CNBB) in one of its objectives: "Training pastoral agents to accompany the elderly in

home visits and other similar complementary activities<sup>(8)</sup>. In this study, it is noticed that the subjects involved in these pastoral activities are trained to provide assistance to the elderly and also help caregivers to exercise their role.

For Carvalho and Lopes<sup>(9)</sup>, PPI plays the role of an essential instrument for the integration of this population into society, increasing its visibility, promoting value, rights and human dignity. The intervention to be carried out by these agents can happen in different ways, all with the same objective and purpose: the promotion of the quality of life of the elderly.

Active and qualified listening becomes a method of strengthening the link between the person being cared for, the caregiver and the pastoral agent, where the act of caring requires and directly depends on the ability to communicate and interact with the subjects<sup>(10)</sup>, creating a bond that enables a communication environment in which the elderly can express themselves.

The support offered by the pastorals becomes an affective-emotional support, through full listening to the elderly, in order to generate company, affection, assistance and information. This is explicitly perceived when the person being cared for feels really loved, welcomed and protected<sup>(11)</sup>. The same author comments: "The dialogue between a community leader, the elderly person and their family brings benefits to the physical, mental, social and spiritual development of the elderly and strengthens family ties". Individuals who actively participate in social groups and who receive informal support from family and/or caregivers are those with better physical and mental health<sup>(12)</sup>.

Mental health is related to the foundations that integrate customs, encompassing the culture of a new residence environment, interrelationships and expressions of emotions<sup>(13)</sup>.

Paying attention also that, from the perspective of an elderly person, it is calling attention, it brings a way of taking messages to the world through gestures and attitudes that emanate and outline their family complaints and afflictions, thus demonstrating that harmful emotions can come from the family microcosm, community and society that sometimes surround the elderly<sup>(14)</sup>.

### **The family relationship in the process of caring for the elderly**

This relationship is represented in the category **Elderly people are afraid to talk to family members nearby** (13.48%), indicated in the speeches:

*Ideally, the agent must be able to deal with the whole family, but the elderly are separated(C).*

*Most of the ones I visit are kind of distant, since they are family members(D).*

*But it is rare for the caregiver to come and talk and ask about us and interact, in the time that I am (E).*

The family member of the elderly person is also affected by this range of psychic and emotional factors in their daily life, so that they indirectly disconnect from the elderly relative, a reflection of poor preparation to deal with the aging process and look at the elderly person as a human being, biopsychosocial.

In this study, it is noticed that the interviewees demonstrate a distressed knowledge in relation to their separation within the family sphere.

Domestic violence against the elderly is common within the family sphere, in this way, mistreatment and abuse can impact the psyche of the elderly, transcending elusive behavior through questioning situations<sup>(15)</sup>.

The importance of pastoral agents in the articulation of contact and interaction

with the elderly is highlighted, providing a dialogical interaction between the elderly, family members and themselves, this triad strengthens the understanding of the physical and psychosocial needs of the elderly person and their family members.

The increase in life expectancy began to demand great care for the elderly. In Brazil, this demand is growing and falls on families that traditionally offer or try to offer the necessary assistance. This challenge imposes on the family the dilemma of reconciling and rearranging everyday demands, with care and other personal, social, professional and domestic activities<sup>(16)</sup>.

In this context of multiple tasks, the caregiver feels pressured and often their interaction and way of acting not only with the elderly person but with society ends up becoming harsh.

Part of these repercussions comes from the behavior of their caregivers, who also need support, whether psychological or even of an educational and comforting nature, which is the case of the action of pastoral agents, who strengthen the triad between the family spheres, elderly person and society<sup>(17-18)</sup>.

### **The pastoral agent as a facilitator of health promotion**

Pastoral agents have a role as a guide for the family and the elderly, as can be seen in the category **Family and guidance on elderly care** (16.85%), portrayed in the speech:

*Like now in the case of this flu, we ask them a lot to encourage the elderly to drink water, things like that, which help the health of the elderly (H).*

The role of the agent as an observer of reality is highlighted, in order to guide the community as a whole<sup>(19)</sup>.

It also highlights the importance of the pastoral agent as an active facilitator in terms of taking care. The elderly caregiver, who

in most cases is a family member, poses a challenge to reconcile the demands of the elderly person in question and their personal, social and professional demands, requiring a certain organization<sup>(20)</sup>.

People who participate in the PPI form a targeted network in the aging process. They consider the reality seen in their visits and having the opportunity to address questions about health promotion, guiding the elderly and their families<sup>(21)</sup>.

This study evidenced the involvement of agents with health-related issues, mainly focused on basic care, which is essential at this age.

The agents gather information about the health of the elderly, so that the competent authorities have their eyes turned to situations that the elderly person goes through, seeking to help and/or guide them in problematic issues<sup>(22)</sup>.

The International Plan of Action for Aging, which in summary deals with 35 objectives and 239 recommendations, is used so that authorities can create more policies aimed at this population<sup>(23)</sup>. Thus, emphasizing that the pastoral agent becomes part of a larger plan, acting as an observer and caretaker of the elderly. Emphasizing that family care for the elderly strengthens many bonds<sup>(15)</sup>.

The limitations of this study were directed at the difficulty of contact for the articulation of the interviews with the subjects.

## **FINAL CONSIDERATIONS**

The importance of the caregiver's role with the elderly person gains emphasis on the need to know how to listen to the elderly person, since family members do not have this type of openness with their elderly. The representation of the elderly caregiver from the perspective of pastoral agents is characterized as a subject who develops actions aimed at caring for the daily needs

of the elderly person and the company itself, with the need for attention to emotional burdens and in the relationship between all.

Individuals who perform the role of caregiver correspond mostly to family members. The relationship between the caregiver and the pastoral agent was close with different roles, but sometimes quite collaborative.

Once acting in a Pastoral focused on social work with the elderly, the agent assumes a commitment, seeking to be a source of information for the family and for the elderly, especially in terms of health, being a subject who can evaluate the situation, forwarding and even providing resolutions.

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