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FUNCTIONAL IMPAIRMENT OF THE ELDERLY AND THE POSITIVE FUTURE PERSPECTIVES OF THE CAREGIVER: A STUDY OF THE RELATIONSHIP BETWEEN INDEPENDENCE AND HOPE

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ABSTRACT
This study aimed to identify the relationship between the functional independence of the elderly in activities of daily living and the positive future perspectives (hope) of the caregiver. The participants were elderly people cared for at the Family Health Units in the city of São Carlos (SP) and their respective elderly caregivers. The instruments used for data collection were: Sociodemographic Characterization Form of the Elderly and Caregiver, Herth Hope Scale; Scale of Independence in Basic Activities of Daily Living – *Katz* and Assessment of Instrumental Activities of Daily Living – *Lawton*. Of the 343 elderly care recipients interviewed, 70.6% were male. The mean age of the elderly was 73.69 years (SD = 8.56). Regarding activities of daily living, the mean scores were 5.08 points (SD = 1.739) for basic activities and 13.717 points (SD = 4.014) for instrumental activities. Regarding the caregivers, most were female (77%). The mean age of the caregivers was 69.58 years (SD = 7.09). Eighty-five percent cared for their spouses. The mean hope score of the caregivers was 41.2 points (SD = 5.37). The correlational analyses between the independence of the elderly person and the hope of their caregiver found in this study were significant, but weak (basic activities of daily living and hope: rho=0.127, p=0.019; and instrumental activities of daily living and hope: rho=0.197, p=.000). It can be concluded that there is a relationship between the functional independence of the elderly person in activities of daily living and the positive future prospects of the caregiver.

Keywords: Caregivers. Old. Fragile Elderly. Hope. Dependency.

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INTRODUCTION

As is the case all over the world, the life expectancy of the Brazilian population has increased significantly and projections point to the continuation of this phenomenon. In 2000, life expectancy in the country was 69.8 years and, in 2010, 73.9. It is estimated that, in 2060, it will reach 81.7 years (IBGE, 2010).

The increase in life expectancy combined with the decrease in birth rates leads to population aging. The number of elderly people in Brazil is growing significantly and according to the 2010 Demographic Census, the proportion of elderly people was 10.8% and the expectation for 2030 is 13.3% (IBGE, 2010).

Among the criteria that define the concept of elderly person, one of the most used and recognized is that of the World Health Organization (WHO), which establishes chronological age as a parameter. Thus, elderly people are considered to be those who are 65 years of age or older in developed countries and 60 years or older in developing countries (WHO, 2005).

As the population ages, the prevalence of chronic non-communicable diseases gains visibility and brings specific demands (BARBOSA et al., 2014). This is a great challenge for both science and public policy. It is estimated that 40 to 50% of Brazilians over 45 years of age have some type of chronic disease (ROCHA; PACHECO, 2013).

From the age of 45, vulnerability to chronic diseases is a consequence of biological changes with accumulation of damage throughout life, as well as genetic factors and unhealthy habits. In addition, psychosocial changes, decreased social contacts, and the need to adapt to new family and occupational roles often bring adverse conditions. The process of morphological, physiological, biochemical and psychological changes leads to a decrease in the performance of the organ system and increases the risk of functional impairment (GOTTLIE et al., 2007).

Functional impairment can be understood as the difficulty or inability to perform basic activities (ADLs) and instrumental activities of daily living (IADLs) that lead to dependence and the need for care (REIS, 2013; QUARRY; OLIVEIRA, 2012). Among the factors associated with functional impairment are chronic diseases, cognitive alterations, disabilities, and sequelae that can be influenced by demographic, socioeconomic, cultural, and psychosocial factors (FHON et al., 2012; FIGUEIREDO et al., 2013).

The impairment of the functional capacity of the elderly person has important implications for the family, community, health systems and for the elderly person himself. In

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addition, most studies point to an inverse relationship between functional impairment and quality of life (SANTOS et al., 2013).

With the increase in the number of elderly people with functional impairment, specific tests and assessment scales were created in relation to autonomy and independence. According to Costa, Nakatani and Bachion (2006), simple functional assessments should contain the following domains: balance and mobility, cognitive functions and ability to perform ADLs and IADLs.

ADLs are tasks that the individual needs to perform for their own care, such as: bathing, dressing, going to the bathroom, walking, eating, transferring, moving in bed, and having urinary and fecal continences. In a complementary way, IADLs are the skills to manage the environment in which one lives, including the following actions: preparing meals, doing household chores, washing clothes, handling money, using the telephone, taking medications, shopping, and using means of transportation. Studies point to the growth of the functionally disabled elderly population, and the number of dependent elderly people will double in the second or third decade of this century (COSTA; NAKATANI; BACHION, 2006).

Dependence can occur at all ages, but the risk increases as the individual ages due to the association with chronic diseases (ARAUJO; SWAMP; MARTINS, 2011). It is common to classify dependence into different levels: total, severe, moderate, mild, and independent. A person with mild dependence only needs supervision or surveillance, as he or she is able to perform most of the ADLs and IADLs. The person with moderate dependence needs supervision and support for the performance of some of the specific activities. Finally, the person with severe dependence needs permanent help to perform ADLs, generally, they are bedridden or with severe mobility restrictions (ARAUJO; SWAMP; MARTINS, 2011).

In the face of these levels of dependence, the demands of care and the figure of the family and/or informal caregiver appear. Informal care is a support network made up of family members, friends and/or neighbors who, as far as possible, offer support and assistance to older people with some degree of dependence or difficulty for ADLs and IADLs (WHO, 2005). The profile of informal care is found in about 80 to 90% of the situations of care for the elderly in Brazil (QUEIROZ, 2000). The family caregiver is usually a female wife or daughter, of advanced age, and without a fixed job (GONÇALVES et al., 2012).

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Several reasons contribute to a person being elected the caregiver, the ones that stand out the most are: generational factors, gender, degree of kinship, living in the same house, having financial conditions, having time, the absence of other people for the task of caring, the creation of affective bonds, the intimate relationship between the elderly person and the possible caregiver, the geographical proximity between them, the caregiver's personality, their history of relationship with the elderly person and with other family members, their motivation and their capacity for donation (DOS SANTOS; PAVARINI, 2010, p. 116).

Caring for an elderly person with chronic diseases brings emotional, psychological and financial exhaustion. The caregiver is exposed to stress, conflicts within the family and future uncertainties. Many studies indicate that the conditions of the dependent patient interfere with the quality of life of the caregiver (LOPES; CACHIONI; 2013). Without the necessary support, caregivers are at greater risk of becoming ill, not only because of the care itself, but also because of the psychosocial overload that can generate psychiatric symptoms, fatigue, and the use and abuse of psychotropic medications (GRATÃO et al., 2012)

However, there are also positive aspects associated with the act of caring, such as: learning, social recognition, finding a meaning for life, feeling of capacity, kindness, love and compassion. In this way, the caregiver tends to maintain his hope (LAHAM, 2003).

Hope is the feeling that moves human beings to believe in positive results, related to events and circumstances in life. Even in adverse situations, an individual who has hope tends to pay attention to opportunities in order to change adverse situations. (SARTORE; GROSSI, 2008). Therefore, hope drives the individual in his actions to achieve his goals, solve problems and face losses, tragedies, loneliness and suffering (BALSANELLI; GROSSI; HERTH, 2011).

Hope requires a certain perseverance, as it requires belief in favorable possibilities even when there are indications to the contrary. The harsh conditions and responsibilities of being a primary caregiver can undermine hope. Understanding the variables related to the well-being of the caregiver is of great importance in the face of the aging of the population (DOS SANTOS; PAVARINI, 2010). Thus, this study seeks to understand the relationship between the functional independence of the elderly in basic and instrumental activities of daily living and the caregiver's positive perspectives for the future (hope).

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METHOD

This was a quantitative, descriptive cross-sectional study carried out in São Carlos, a medium-sized municipality located in the interior of the state of São Paulo. The municipality has 14 Family Health Units (USFs) in the urban area and two units in the rural area, with a coverage of approximately 39,768 inhabitants (PREFEITURA MUNICIPAL DE SÃO CARLOS, 2011). Data collection lasted 8 months and took place from April to December 2014.

The final sample obtained 343 pairs of participants, 343 elderly people and 343 caregivers. The elderly people receiving care were individuals aged 60 years or older, registered and living in the area covered by the Family Health Units (USFs) in the city of São Carlos who were dependent on at least one of the ADLs or IADLs. Caregivers were individuals aged 60 years or older, who lived with an elderly caregiver and had higher scores on ADL or IADL performance assessments when compared to the caregiver. The inclusion criteria for the caregivers were: being the primary caregiver of an elderly person living in the same house, living in the regions covered by the USF's of São Carlos and being able to understand the interview questions.

The instruments for data collection were: (a) Sociodemographic Characterization Form of the Elderly Person and their caregiver; (b) Herth Hope Scale (HSE) (SARTORE; GROSSI, 2008); (c) Scale of Independence in Activities of Daily Living – Kat z Index (LINO et al., 2008); (d) Lawton's Instrumental Activities of Daily Living Scale (SANTOS; VIRTUOSO, 2008).

The data obtained were entered into a database in the *Statistical Package for Social Sciences* (SPSS) *for Windows* program to perform: (a) descriptive analyses to characterize the sociodemographic profile of the participants, the caregiver's hope, and the elderly person's dependence; (b) Spearman's correlational analysis *to* identify the relationship between the elderly person's independence score in basic and instrumental activities of daily living and the caregiver's positive future perspectives (hope).

Data collection began only after the approval of the research project by the Research Ethics Committee of the Federal University of São Carlos (CEP/UFSCar), opinion number 711.592.

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RESULTS

SOCIODEMOGRAPHIC PROFILE AND THE CHARACTERISTICS OF THE CARE PROVIDED BY A SAMPLE OF ELDERLY PEOPLE AND THEIR RESPECTIVE CAREGIVERS

Of the 343 elderly recipients of care interviewed, most were male (n=242, 70.6%), married (n=292, 85.1%) and with low education (illiterate or up to the 4th grade of elementary school, n=280, 81.6%). The mean age was 73.69 years (SD=8.56, *xMin=60; xMax=102). The detailed descriptive data of* elderly people receiving care interviewed are presented in Table 1.

Table 1 - Descriptive analyses of the characterization variables of the elderly people receiving care. São Carlos, 2014.

VARIABLES	Absolute Frequency (n)	Relative Frequency (%)
Sex		
Female	101	29,4
Male	242	70,6
Marital status		
Married	292	85,1
Single	9	2,6
Divorced	6	1,7
Widower	36	10,5
Schooling		
Never went to school	101	29,4
Primary	179	52,2
Gymnasium	25	7,3
Scientist	17	5,0
Superior	10	2,9
Postgraduate studies	1	0,3
Literacy course	5	1,5
No Response	4	1,2
Age (years)		
Average	73,70	
Median	73,00	
Standard deviation	8,56	
Minimal	60	
Maximum	102	
Education (years), n=339		
Average	3,44	
Median	3,00	
Standard deviation	3,61	
Minimal	0	
Maximum	20	

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Regarding caregivers, 343 individuals were interviewed, of which 77.0% were female (n= 264), 90.4% were married (n=310), 80.5% did not work (n=276), 66.2% were retired (n=227) and 78.2% had a low level of education (illiterate or up to the 4th grade of elementary school, n=268). The mean age of the caregivers was 69.58 years (SD=7.09, xMin=60; xMax=98) and the monthly income was 845.17 reais (SD=1,039.42, xMin=0.00; xMax=10,000.00) (Table 2). In terms of parameter, the value of the minimum wage on January 1, 2015 was R$ 788.00. Fifty-one percent of the caregivers (n=175) considered this income insufficient.

Table 2 - Descriptive analyses of the caregivers' characterization variables. São Carlos, 2014.

VARIABLES	Absolute Frequency (n)	Relative Frequency (%)
Sex		
Female	264	77,0
Male	79	23
Marital status		
Married	310	90,4
Single	14	4,1
Divorced	6	1,7
Widower	13	3,8
Schooling		
Never went to school	75	21,9
Primary	193	56,3
Gymnasium	32	9,3
Scientist	21	6,1
Superior	8	2,3
Postgraduate studies	3	0,9
Literacy course	11	3,2
Work		
Doesn't work	276	80,5
Works	67	19,5
Retirement		
No	116	33,8
Yes	227	66,2
Age (years)		
Average	69,58	
Median	68,00	
Standard deviation	7,10	
Minimal	60,00	
Maximum	98,00	
Education (years)		
Average	3,79	
Median	4,00	
Standard deviation	3,51	

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Minimal	0,00
Maximum	19,00
Monthly income	
Average	845,17
Median	724,00
Standard deviation	1.039,42
Minimal	0,00
Maximum	10.000,00

Regarding the religion of the caregivers, we can observe that there was a predominance of Catholics (64.4%), followed by Evangelicals (23.6%), and only 2.3% said they had no religion. Seventy-seven percent (n=264) were practitioners and 73.5% (n=252) had been 10 years or older.

The descriptive data of the characteristics of the care provided are presented in Table 3, we can observe that the responsibility for care, for the most part, was performed without training (n=331, 96.5%), with few resources (approximately 25% with less than one minimum wage), for long periods of time (Mean = 9.93 years, SD=12.94, *xMin=0.00; xMax=59.00) and reasonable* daily working hours (Mean=6.15, SD=4.85, *xMin=1.00; xMax=24.00). The responsibility of taking care of the spouse was the most frequent (n=292, 85.1%).*

Table 3 - Descriptive analyses of the variables related to care. São Carlos, 2014.

VARIABLES	Absolute Frequency (n)	Relative Frequency (%)
Dedication to care (n=343)		
Spouse	292	85,1
Parent	25	7,3
Father-in-law	7	2,0
Brother	13	3,8
Other	6	1,7
Training for care (n=341)		
No	331	96,5
Yes	10	2,9
Total		
Caregiver time (months) (n=343)		
Average	119,13	
Median	60,00	
Standard deviation	155,34	
Minimal	0,00	
Maximum	708,00	
Daily time dedicated to care (hours) (n=335)		
Average	6,15	

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Median	4,00	
Standard deviation	4,85	
Minimal	1,00	
Maximum	24,00	
Monthly expenditure on care (real) (n=305)		
Average	191,26	
Median	50,00	
Standard deviation	435,25	
Minimal	0,00	
Maximum	6000,00	

FUNCTIONALITY OF ELDERLY CARE RECIPIENTS

The results related to independence for ADLs, obtained using the Katz Index, are presented in Table 4. Among the self-care activities, the highest proportion of dependence was observed for the control of urination and/or evacuation functions (n= 79, 23%) and the highest proportion of independence, for feeding (n=317, 92.4%). It can also be observed that 69.1% of the elderly people (n=237) were totally independent, and only 5% (n=17) were dependent in all 6 functions (Table 4).

Table 4 - Descriptive analyses of the basic activities of daily living of the elderly receiving care. São Carlos, 2014.

BASIC ACTIVITIES	Freq.	Dependent	Independent	Average	Median	Dp
1. Bathing	N	58	285	0,83	1,00	0, 375
	%	16,9	83,1			
2. Dress Up	N	66	277	0,81	1,00	0, 395
	%	19,2	80,8			
3. Go to the bathroom	n	45	298	0,87	1,00	0, 338
	%	13,1	86,9			
4. Transfer	n	40	303	0,88	1,00	0, 321
	%	11,7	88,3			
5. Continence	n	79	264	0,77	1,00	0, 422
	%	23,0	77,0			
6. Food	n	26	317	0,92	1,00	0, 265
	%	7,6	92,4			

With regard to IADLs, obtained through the Lawton Scale, a higher proportion of elderly people did not need help to use medication (n=221, 64.4%) and performed this task alone. On the other hand, they needed help with travel (n=88, 25.7%). The descriptive data are presented in Table 5.

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Table 5 - Descriptive analyses of the instrumental activities of daily living of the elderly receiving care. São Carlos, 2014.

INSTRUMENTAL ACTIVITIES	DESCRIPTIVE DATA						
	Freq.	Not Habited/Incapable	Need help	Performs alone	Average	Median	dp
1. Regarding the use of telephones	n	99	49	195	2,28	3,00	0,884
	%	28,9	14,3	56,9			
2. Regarding travel	n	118	88	137	2,06	2,00	0,862
	%	34,4	25,7	39,9			
3. Regarding Shopping	n	171	66	106	1,81	2,00	0,880
	%	49,9	19,2	30,9			
4. Regarding the preparation of meals	n	221	52	70	1,56	1,00	0,810
	%	64,4	15,2	20,4			
5. Regarding housework	n	195	81	67	1,63	1,00	0,791
	%	56,9	23,6	19,5			
6. Regarding the use of medications	n	64	58	221	2,46	3,00	0,789
	%	18,7	16,9	64,4			
7. Regarding the handling of money	n	163	42	138	1,93	2,00	0,935
	%	47,5	12,2	40,2			

HOPE OF CAREGIVERS

Regarding the level of hope of caregivers, assessed by the Herth Hope Scale, the mean total score obtained was 41.20 and the median was 42.00 points. It is verified that among the 12 items of the scale, item number 5, "I have a faith that comforts me", presented the highest score (mean of 3.89 points) and 93.3% (n=320) of the sample studied completely agreed with this statement. On the other hand, the item with the lowest score was number 6, "I'm afraid of the future" (mean of 2.19 points, considering the inverted scale), and 57.5% (n=198) of the respondents completely disagreed with the statement.

Table 6 - Descriptive statistics of caregivers' hopefulness. São Carlos, 2014.

		DESCRIPTIVE DATA						
ITEMS OF HOPE	Freq.	1. Strongly disagree.	2. Disagree	3. Agree	4. I agree with the	Average	Median	dp
1. I am optimistic about life.	N	17	33	81	212	3,42	4,00	0,858
	%	5,0	9,6	23,6	61,8			
2. I have short-term and long-term plans.	N	92	56	80	115	2,64	3,00	1,201
	%	26,8	16,3	23,3	33,5			
3. I feel very lonely*	N	215	46	48	34	1,71 (2,29)*	1,00	1,041
	%	62,7	13,4	14,0	9,9			
4. I can see possibilities in the midst of difficulties.	N	16	18	113	196	3,43	4,00	0,794
	%	4,7	5,2	32,9	57,1			
5. I have a faith that comforts me.	N	5	4	14	320	3,89	4,00	0,456
	%	1,5	1,2	4,1	93,3			
6. I'm afraid of the future. *	N	198	53	50	42	1,81	1,00	1,087

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						(2,19)*		
	%	57,7	15,5	14,6	12,2			
7. I can remember happy and pleasurable times.	N	25	22	66	230	3,46	4,00	0,904
	%	7,3	6,4	19,2	67,1			
8. I feel very strong.	N	17	38	92	196	3,36	4,00	0,867
	%	5,0	11,1	26,8	57,1			
9. I feel able to give and receive affection/love.	N	9	9	58	267	3,70	4,00	0,649
	%	2,6	2,6	16,9	77,8			
10. I know where I want to go.	N	23	25	98	197	3,37	4,00	0,885
	%	6,7	7,3	28,6	57,4			
11. I believe in the value of each day.	N	5	8	68	262	3,71	4,00	0,583
	%	1,5	2,3	19,8	76,4			
12. I feel that my life has value and usefulness.	N	1	13	57	272	3,75	4,00	0,531
	%	0,3	3,8	16,6	79,3			
TOTAL	**N**					**41,20**	**42,00**	**5,389**
	%	**100**	**100**	**100**	**100**			
*** Inverted scale**								

RELATIONSHIP BETWEEN THE INDEPENDENCE OF THE ELDERLY PERSON RECEIVING CARE AND THE CAREGIVER'S HOPE

The correlational analyses between the independence of the elderly person and the caregiver's hope found in this study were significant, but extremely weak (basic activities of daily living and hope: rho=0.127, p=0.019; and instrumental activities of daily living and hope: rho=0.197, p=.000) (Figure 1) and (Figure 2).

Figure 1 – Relationship between the functional impairment of the elderly person in activities of daily living and the caregiver's positive future perspectives (hope).

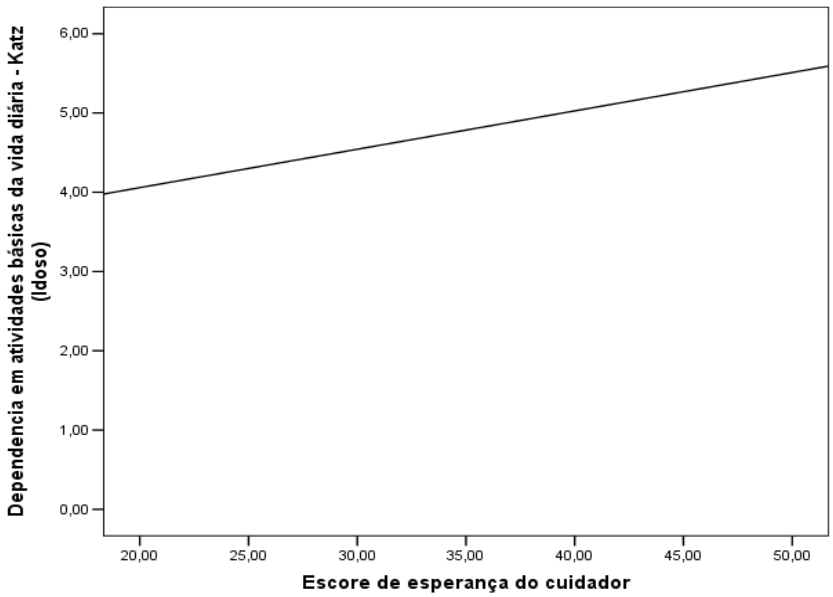

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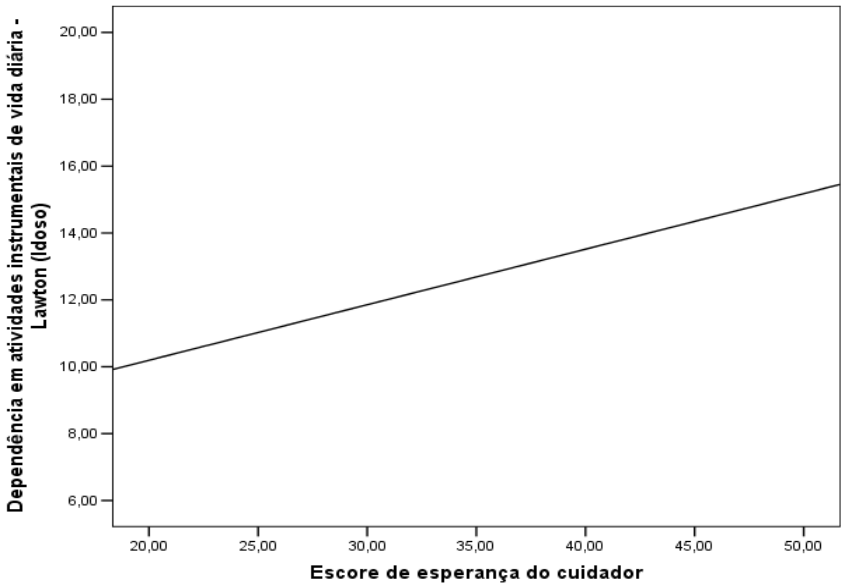
Figure 2 - Relationship between the functional impairment of the elderly person in instrumental activities of daily living and the caregiver's positive perspectives for the future (hope).



DISCUSSION

Regarding the characterization of the caregivers in the study, most are female, married, with low income and few years of schooling. In the case of caregivers, we have a young individual (under 70 years old), retired and religious (who declares himself Catholic or Evangelical), responsible for the care of his spouse for long periods without any type of training. These findings corroborate the extensive literature on caregivers of older adults (GRATÃO et al., 2013; NERI et al., 2013; PEREIRA et al., 2013; PINQUART; SÖRENSEN, 2011).

In a study carried out in Ribeirão Preto with caregivers of elderly people with Alzheimer's Disease, the same profile was observed. The caregivers were predominantly female, with schooling that did not exceed the 8th year of elementary school. They were responsible for the care of their spouses and had no training to perform the function. The time dedicated to care was, for the majority, 72 hours per week or more. The caregivers claimed to have a religion and to practice it (GAIOLI et al., 2012).

The study carried out by Anjos et al. (2014) on the profile of family caregivers of elderly people registered in a Family Health Strategy (FHS) in the municipality of Jequié (Bahia) corroborates some results of this research, such as the predominance of females, with a stable union, over 60 years of age, income of up to one minimum wage and incomplete elementary education. The most frequent care time was from 3 to 10 years in shifts between 12 and 24 hours a day. The authors discuss the cultural influence that the figure of women is associated with the care of all family members, including the elderly.

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Ferreira et al. (2011) pointed out that in several situations the age range of the caregiver is very close to the age range of the elderly person, especially because many elderly people take care of their spouses. The more independent elderly people gradually assume the role of caregiver as their partner loses functionality. According to the authors, "the similarity of age group existing in this care relationship is capable of influencing physical, emotional and social aspects of the caregiver, contributing directly to their social isolation" (FERREIRA et al., 2011, p. 405) and this fact is a frequent concern with this population.

Regarding the profile of the elderly person receiving care, most of whom are male, married and slightly older, can be explained by the female profile and spouse of the caregiver (FERREIRA et al., 2011). The low level of education accompanies a deficit of the Brazilian elderly population, which has 30.7% of the elderly with less than one year of schooling (IBGE, 2010).

Regarding the functional characterization of the elderly people, most of them were totally independent for self-care related to ADLs. However, among those who had some dependence, the most frequent difficulty was related to the control of the functions of urination and/or evacuation. On the other hand, the highest proportion of independence was for food.

Lopes and Santos (2015) in a study with elderly people from the Family Health Strategy, Marinho et al. (2013) and Alencar et al. (2012) in a study with elderly people living in Long-Term Care Institutions found similar results. These authors identified that the elderly had a better ability to perform feeding activities and greater difficulty in relation to incontinence.

These findings could be explained by the fact that feeding is a task that requires mobility only of the upper limbs, performed almost automatically. In general, studies indicate that it is preserved until the most extreme phases of the life cycle. On the other hand, continence requires anatomical integrity of the urinary and lower digestive tract, control and muscle strength of sphincters, and preservation of physiological mechanisms related to the storage and elimination of urine and feces. In addition, cognitive capacity, mobility and dexterity are required (ALENCAR et al., 2012).

With regard to IADLs, this study indicated that the highest proportions of activities performed without assistance refer to the use of medications, use of telephones and

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handling of money. On the other hand, the activities that most did not perform alone were related to housework, meal preparation, and shopping, in that order.

In terms of relative frequency, the present study pointed out that 64.4% of the elderly people used medication without help, Oliveira et al. (2012), in a survey carried out in the outskirts of São Luís (Maranhão) with elderly people in the Family Health Strategy, found approximate values of relative frequency referring to this activity (70.3%). However, the activity that most elderly people were able to do without help is handling money (76.6%), followed by housework (71.9%), preparing meals (71.9%) and shopping (71.9%).

Another study carried out in Jataí (Goiás) by Pereira and Rodrigues (2012) with elderly people living in the Vila Vida d Condominiumshowed that they were more dependent on the use of the telephone and for financial issues. However, this population is assisted and the study was conducted in a specific population group of residential for the elderly.

The divergent results in the literature can be explained by the characteristics of the sample. The elderly people receiving care were male and culturally they are not the ones who take care of the home. Generally, the caregiving wife is expected to take on household responsibilities that include preparing meals and shopping. In this way, the male elderly person is the recipient of care related to these IADLs. Conversely, the samples found in the literature are predominantly female due to the feminization of old age.

Regarding the variable caregiver hope, the mean score obtained in this study, which was 41.20 points, was close to those found in other studies of both caregivers and other populations facing serious health problems. Lohne et al. (2012), in a study on the hope of caregivers of patients with advanced cancer, obtained an average score of 36.80 points. Balsanelli et al. (2011) measured hope in a sample composed of chronically ill patients and their family members or caregivers. The averages found were 41.57 points for oncology patients, 40.46 points for the diabetes group, and 40.88 points for the group of caregivers or family members. A study conducted by Schuster et al. (2015) with cancer patients from a hospital in southern Brazil found an average hope of 40.72 points.

Studies on the relationship between the functional independence of the elderly in ADLs and IADLs and the caregiver's hope, which is the general objective of this study, were not found. However, the result found, with a weak but significant correlation, can be explained by considering research on related topics such as burden and caregiver quality of life. More dependent people demand greater dedication. Caring involves controversial

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and not always positive feelings. The physical and emotional exhaustion of the coexistence between the elderly and the caregiver can impact social spheres and compromise time for leisure and self-care (ANJOS et al., 2014; OLIVEIRA et al., 2011).

CONCLUSION

Based on the results found in this research, it was observed that most of the care provided is performed by women, with low education and income, who most of the time take care of their spouse without previous training to perform this function. It was also found that the average hours spent on care was high, a fact that can generate an overload for the caregiver.

As for the elderly people who received care, they were generally men older than their caregivers, with a low level of education and, for the most part, independent for self-care, needing help in only a few IADLs.

Regarding the caregivers' level of hope, we can note that it was high, as the average obtained is in the highest quartile of the instrument. We conclude that there is a directly proportional relationship between the functional independence of the elderly person in basic and instrumental activities of daily living and the positive future perspectives (hope) of the caregiver. Thus, we suggest that higher levels of dependence of the elderly person reduce the caregiver's hope. However, this relationship proved to be extremely weak.

The lack of studies with objectives similar to the general objective of this research did not allow us to make comparisons. Thus, future research on the theme with a greater number of subjects in different locations would be interesting in order to make comparisons and generalizations.

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