

Caring for dependent elderly people: meanings and implications of family care

Abstract

Introduction: Family care for dependent elderly people is a complex, often unplanned process that has significant repercussions on the physical, emotional, social and economic well-being of carers. However, caring for dependent elderly people is not necessarily a solely negative experience, as widely documented, but can also motivate positive aspects that stem from gratification. Literature has traditionally focused on the negative consequences, such as overload and stress, although more recent studies highlight the coexistence of positive dimensions, such as gratification and personal fulfilment.

Objective: To analyze the meaning and implications of becoming a family carer for a dependent elderly person, exploring both the negative and positive aspects of caring experience.

Methods: Qualitative ethnographic study using participant observation. Twenty-one family carers of dependent elderly people living in the Autonomous Region of the Azores, Portugal, participated. Data collection took place between September 2020 and October 2021.

The data were subjected to thematic content analysis.

Results: Caregiving was found to be associated with high physical, emotional, and economic burden, with a significant impact on the personal, family, and social lives of caregivers, as well as the emergence of family conflicts. At the same time, caregiving was experienced as a source of love, gratitude, pleasure, and personal fulfilment. The caregiving experience emerges as lonely and ambivalent, integrating sacrifice and reward.

Conclusion: Family care for dependent older adults is a multidimensional phenomenon, deeply influenced by the caregiver's subjective assessment, relational history and available contextual resources. Health professionals' interventions should recognise the caregiver as a central actor in the continuity of care, promoting strategies that favour their well-being and quality of life.

Keywords: family caregiver, dependent elderly person, caregiver burden, quality of life, qualitative research

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Introduction

Population ageing is a global phenomenon with profound implications for health systems, social policies and family dynamics. In 2024, the proportion of older people (aged 65 or over) in Portugal reached 24.3% of the total population. Portugal thus stands out as one of the most aged countries in the European Union, mainly as a result of declining fertility rates and increased average life expectancy. This demographic context has led to an increase in the prevalence of chronic diseases and situations of functional dependence among the elderly population.

Culturally, the family continues to be considered primarily responsible for providing care to dependent elderly people. However, in most situations, this care is provided by a single family member — the primary carer — often without prior preparation or choice. The sudden transition to family carer is a continuous process that forces a reconfiguration of the carer's life, requiring structured support to prevent exhaustion and ensure quality of care. Taking on this role involves profound changes in family life patterns and can lead to negative consequences such as stress, overload, reduced quality of life, and constant learning and adaptation. Lack of time for oneself, lack of technical knowledge, and lack of recognition lead to social isolation, fatigue, and anxiety.

Family carers perform a range of daily tasks that require knowledge and training, such as activities of daily living, problem solving, decision making, activities that require communication and organisational skills, as well as other anticipatory and monitoring tasks.¹ Despite this, caring for a dependent elderly family member is not necessarily an exclusively negative experience. For many carers, caregiving can take on a positive meaning, associated with feelings of usefulness, reciprocity, gratification and strengthening of emotional bonds. Thus, understanding family caregiving requires an approach that considers both its objective and subjective dimensions.

The present study aims to contribute to this understanding by analysing the meanings and implications of becoming a family carer for a dependent elderly person.

Methodology

A qualitative ethnographic approach was adopted, appropriate for in-depth exploration of the experiences, meanings and practices associated with family care in a natural context. Twenty-one family carers of dependent elderly people, residing in the Autonomous Region of the Azores, Portugal, participated in the study. The participants were primary carers, responsible for the daily care of an elderly family member in a situation of functional dependency.

Data collection took place between September 2020 and October 2021, through participant observation and informal conversations held at the carers' homes. Field notes included descriptions of care routines, family interactions, emotional expressions and relevant contextual factors. The data was subjected to content analysis, identifying, coding, and aggregating recurring patterns into categories and central themes. The credibility of the study was ensured through prolonged engagement in the field and continuous critical reflection. The ethical principles of health research were respected, namely informed consent, confidentiality, and anonymity of participants.

In this study, we could have also considered subjective burden as another dimension, as it is a key determinant of well-being, confirming that it is not only the volume of care provided that influences health outcomes, but also how the carer interprets, feels and attributes meaning to their experience.

Results

The data analysis revealed family care as a complex and ambivalent phenomenon, structured around two major thematic dimensions: the negative repercussions of caregiving and the positive meanings associated with the experience.

Overload and negative repercussions

Caregivers reported high levels of physical, emotional, and economic overload. The continuous demands of caregiving limited the time available for personal, social, and leisure life, often leading to isolation and exhaustion. Family conflicts emerged, mainly associated with the unequal distribution of responsibilities and a lack of recognition from other family members. The subjective perception of overload varied among participants, reflecting differences in personal resources, coping strategies, and relational history with the person being cared for. Caregivers expressed feelings of sadness, anger, loneliness, and personal sacrifice.

Positive meanings and gratification

Despite the difficulties, caregivers also identified positive aspects in performing their role. Feelings of love, gratitude, pleasure, and personal fulfillment coexisted with the burden. Caregiving was often interpreted as a moral and affective obligation, deeply rooted in the previous relationship with the elderly person. One of the caregivers symbolically described caregiving as "cultivating a rose bush, marked by thorns, but capable of producing beautiful flowers," illustrating the coexistence of suffering and reward.

In this study, we could also have considered subjective burden as another dimension, since it is a central determinant of well-being, confirming that it is not only the volume of care provided that influences health outcomes, but also how the caregiver interprets, feels, and attributes meaning to their experience.

Discussion

The results confirm that family care for dependent elderly people is a dynamic process that evolves over time, influenced both by the objective demands of care and by the caregiver's subjective assessment. Subjective overload emerged as a central determinant of well-being, corroborating theoretical models of stress in informal care.

The concept of caregiver ideology helps to understand how caregivers attribute meaning to their experience, influencing their emotional responses and adaptation to the role. The coexistence of

burden and satisfaction reinforces the need for multidimensional approaches in the assessment of care.

Gender inequalities were evident, with women mostly assuming the role of caregivers and experiencing greater restrictions on their personal development, in line with existing literature. Female carers repeatedly show higher levels of overload, depressive symptoms and impact on their professional careers, which highlights the need for gender-sensitive public policies and nursing interventions that promote a more equitable distribution of care and greater formal support for carers.

Implications for practice and policy

Family carers are an essential, often invisible resource in the care of dependent older people. Health professionals, particularly nurses, play a key role in supporting these carers through educational interventions, emotional support and skills development.

Subjective overload, which is also an important determinant, reinforces the need for nursing interventions that consider not only the objective factors of care, but also the cognitive and emotional processes of the caregiver, as advocated by Lazarus and Folkman in their transactional theory of stress.

Public policies should formally recognize family carers as strategic partners and integral members of the health and social care system, moving beyond the traditional view that sees them merely as an informal resource. This recognition implies the implementation of structured measures aimed at reducing the physical, emotional and social burden associated with continuous care, as well as promoting the quality of life of both the carer and the person being cared for.

Among these measures, the following stand out: provision of respite services for carers, training and capacity-building programs, and psychosocial interventions, such as psychological support, support groups and coping strategies, aimed at preventing burnout, anxiety and depression.

In the Autonomous Region of the Azores, in 2022, the "Novos Idosos" Program was created to promote innovative social responses for the elderly population and their families, with a focus on maintaining autonomy and allowing the elderly to remain in their own homes and communities. Its main objective is to offer a local response that allows the elderly to continue living in their homes safely, independently and with adequate technical support over time. However, the program is still in a pilot phase and has not been extended to all elderly people in the region who need permanent care at home. Some challenges include job insecurity and the need for greater coordination with the status of informal carers.

Conclusion

It is utopian to claim that families assume responsibility for caring for the elderly, since caregiving is assumed by a single caregiver. In the study conducted by Ekwall et al.² only a small proportion of carers have the support of other relatives. In most cases, there is only one carer, considered in literature as the main or primary carer, who responds to the needs of dependent elderly people.

Caring for a dependent elderly family member is a deeply ambivalent experience, marked simultaneously by overload and gratification. Recognising this duality is essential for the development of effective interventions that contribute to promoting the well-being of the carer and ensuring the sustainability of family care.³⁻¹¹

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None.

Conflicts of interest

The authors declare that there are no conflicts of interest.

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