

# Profile of Caregivers of Institutionalized Elders

ORIGINAL

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## Abstract

**Introduction:** The aging process of the population causes several transformations in social, cultural and health context. The demand for gerontological care increases and, due to that, homes for the aged emerge as an alternative housing for elders who do not have enough support at this new life stage or for those who opt to live there.

**Objective:** This study aimed at describing the profile of caregivers of elderly people who live in homes for the aged in the metropolitan region of João Pessoa, Paraíba, Brazil.

**Method:** This is a descriptive, exploratory and quantitative research that was carried out between November/2012 and January/2014 in 11 institutions, composed by a sample of 26 caregivers. Two semi-structured questionnaires were used for data collection; Word Excel 2007 was used for selection and categorization of the data and SPSS was used for descriptive analysis.

**Results:** The age range of the caregivers was between 25 and 82 years old. 88.5% are female; 38.5% are married; 19.23% of them reported receiving specific education to become caregivers and most of them (69.23%) did not acquire any sort of qualification.

**Conclusion:** It is concluded that the hiring and qualification of caregivers is necessary for the direct work with the institutionalized elderly, which will greatly influence the assistance to be provided in these institutions, resulting in improving the health of all older people living there.

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## Keywords

Aging; Homes for the Aged; Caregivers.

## Introduction

The increase in the elderly population is a worldwide phenomenon which is occurring also in developing countries, such as Brazil. Social inequalities, rise in the Chronic Non communicable Diseases (NCDs) and their complications, and social vulnerability have led several elderly to early frailty of the old age. This fact has attracted interest of the academic community in the field of Gerontology in order to seek ways to ensure quality of life for people aged over 60 years old, which is the age people are considered elders in Brazil [1].

The population aging process is essential in the human condition, reporting the fact as an indicator of social improvement. This process is accompanied by several social, cultural, economic and institutional changes, both individually and within the family context. In this perspective, a point to be considered is the need for institutionalization of the elderly. Aging should be faced by the entire population and the infantile behavior and the assistentialism towards the elderly should be put aside, once, at the moment, there are public policies which result in specific rights for them [2].

Many aged people lacking family or income support live in long-term institutions for the elderly (ILPIs), an alternative of residence and social interaction. Thus, the search for an ILPI follows the increase in the elderly population. The institutionalization of the elderly becomes necessary in the face of the problems related to low income of the aging population, to changes in family arrangement, women's workload in the job market, social precariousness of supporting resources towards the elderly, absence of children and relatives, and complications from NCDs. These institutions have the purpose of supporting the aged who have no conditions of living in their own residences or who prefer to be in an environment designed for their age range [3-5].

ILPIs are governmental or non-governmental institutions, of residential nature, intended to provide collective home for people aged over 60 years old,

with or without family support, under conditions of freedom, dignity and citizenship [6]. The ILPIs, therefore, must have skilled professionals to perform in the field of Gerontology, to satisfy the elders' needs and to help them in their everyday activities in a specialized and humanized way. The caregiver of elderly is among these workers. The Collegiate Board Resolution (RDC) no. 283/2005, published by the Brazilian Sanitary Surveillance National Agency (ANVISA), defines caregiver of the elderly as the competent person to assist the elder who has limitations to perform activities of the daily living [6].

The elderly caregiver executes activities such as: hygienic care, assistance with nourishment, medicine administration, rehabilitating activities and help during basic and/or instrumental everyday activities. This work can be informal, when performed by a family member, or formal, when a person is hired to execute these tasks [7]. The caregiver can be present in the elder's home or in an institution for the aged.

The aforementioned professionals are not yet recognized in Brazil, but they are considered as a member of the health care team in other countries. Such fact demonstrates the need for a greater social recognition of the elderly caregiver function. The caregiver is a fundamental component in Gerontology and has become increasingly present in Brazilian reality, thereby requiring greater planning of public policies towards this professional [7-8]. The care delivered to the aging population should be properly investigated as to its nature and quality, once the population demographic profile has been changing and ageing is observed worldwide [9], demanding a more specific care and an increase in the humanization dedicated to this population.

When quickly searching scientific portals for original research addressing the topic 'caregivers of institutionalized elders', it was noticed that there are few studies concerning the theme, but there is a greater amount of research about family caregivers and elderly people living in ILPIs in literature. Thus, the

necessity of identifying the condition of this worker in institutions arises as a way to contribute with updated knowledge to improve the quality of life of the aging population residing in ILPIs. Caregivers are key components in the promotion of an active and healthy aging, and they significantly contribute to the quality aging process of the population.

Given this context, the necessity to know the characteristics and the job performed by these workers in the ILPIs emerges: What is the profile of caregivers of institutionalized elderly concerning their formation and activities performed?

The objective of this study was to describe the profile of caregivers of elders in ILPIs of the metropolitan region of João Pessoa, Paraíba, Brazil, with the aim of reflecting about their formation in the context of a state in the Northeast region of the country, envisioning improvements for the assistance provided to the institutionalized elderly.

## Method

This is a descriptive, exploratory and quantitative research, which was carried out between November/2012 and January/2014 with caregivers from ILPIs of the metropolitan region of João Pessoa, Paraíba, Brazil.

The metropolitan region of João Pessoa-PB consists of nine municipalities, among which four were prioritized in this study due to the fact that they have ILPIs regularized by public bodies and registered in the Nursing Regional Board of Paraíba (COREN-PB). Therefore, by the end of data collection for the present study, 12 ILPIs were confirmed in the metropolitan region of João Pessoa.

11 ILPIs were visited of the 12 institutions, which is equivalent to 92% of the ILPIs in the metropolitan region, taking into consideration the accessibility and acceptance of this study by the institutions and that the sample was satisfactory regarding the universe of institutions composing this portion of the Paraíba state.

Two semi-structured questionnaires were used for data collection. One of them included information about the structure and organization of the ILPI, and the other one was aimed at the profile of caregivers of elders. The inclusion criteria were: to be a caregiver of elderly people, to be over 18 years old and to be an active employee of the institution. Exclusion criteria were: to be a volunteer caregiver in the ILPI and to be another healthcare professional. It was a nonprobability sample, in which caregivers were approached inside the institution and were informed about the research purposes. Not all caregivers were available, once they worked in shifts. Only 26 caregivers volunteered to participate.

Data collection was performed when the collaborator had no specific duties related to assist the institutionalized elderly. The data was codified and organized at Excel 2007, typed and submitted to double checking in order to ensure reliability to the results. For statistical analysis, the software Statistical Package for the Social Sciences - SPSS v.20.0 was used, in which the descriptive statistic was applied (absolute and relative frequency) to the variables concerning the profile of the ILPIs, sociodemographic profile of the caregivers, developed care activities and motivations that led them to this occupation. Thus, the variables used in this study were: age, gender, level of schooling, technical and higher education, marital status, number of caregivers per elders and main care activities that caregivers perform in the ILPIs.

The project was evaluated and approved by the Ethics in Research Committee of the Health Sciences Center of Federal University of Paraíba – CEP/UFPB, and it was registered under protocol no. 10895812.7.0000.5188 at Plataforma Brasil. All the ethical aspects involving the research carried out with human beings were taken into consideration, in compliance with the Resolution of the National Health Board of Brazil.

## Results

In respect of caregivers of the metropolitan region, it was verified that the average of the four municipalities was of 05 elders for each caregiver and it should be emphasized that this amount is disproportionate to the elderly living in ILPIs, as evidenced by **Table 1**.

**Table 1.** Quantity of elders and caregivers in the ILPIs of the metropolitan region of João Pessoa-PB, 2014.

City included	ILPI	no. of elders	no. of caregivers	Proportional average of elder/caregiver
	1	100	20	05/1
	2	62	06	10/1
City 1	3	32	17	01.8/1
	4	110	32	03.4/1
	5	11	04	02.7/1
	6	85	04	21.1/1
City 2	7	76	12	06.3
	8	45	10	04.5
City 3	9	40	05	08/1
	10	15	03	05/1
City 4	11	617	118	5.2/1
Total	61.47	62.50	62.50	62.50

It is noticeable that the number of caregivers is less than half the number of elderly, corresponding, in most ILPIs, to  $\frac{1}{4}$  (25%) of the elders. This situation causes work, physical and emotional overload, in the course of the work process executed by the caregivers, who are responsible for several elders and activities, a condition which impairs their own health and the assistance delivered to the aged people.

The ages of the caregivers ranged from 25 to 82 years old, representing an average of 42.6 years old. 88.5% of the caregivers are female and 38.5% are married. Regarding the professional experience of the caregivers in the ILPI, the answers ranged from 2 months to 20 years. In relation to the profes-

sional experience dedicated to the aged, the answers were between 9 months and 20 years. 19.23% of the 26 caregivers reported receiving specific training provided by universities and other entities in order to become caregivers of the elderly. As for the completion of training, 69.23% did not receive any training and 11.53% did not answer the question, as shown in **Table 2**.

When it comes to the activities performed in the daily routine of the ILPIs, the caregivers mentioned that these are commonly executed: bed bath, assistance during basic everyday activities, bed making, diaper changing, skincare, leisure activities, manicure and pedicure. Finally and unanimously, it was

**Table 2.** Sociodemographic variables concerning the caregivers of the elderly, João Pessoa-PB, 2014.

Sociodemographic variables	n	%
Gender		
Female	23	88.5
Male	3	11.5
Schooling		
Complete high school	6	23.1
Incomplete high school	1	3.8
Complete elementary school	2	7.7
Not answered	17	65.4
Technical Education		
No	18	69.2
Yes	6	23.1
Ongoing	2	7.7
Higher Education		
No	22	84.7
Yes	1	3.8
Not answered	3	11.5
Marital Status		
Single	9	34.6
Widowed	2	7.7
Married	10	38.5
Divorced	1	3.8
Not answered	4	15.4

noticed that the caregiver of institutionalized elders have daily activities with the maintenance of the majority of the residents who are partially or totally dependents, as described in **Table 3**.

Some institutions that were visited do not perceive the caregiver of elderly as a worker with specific

**Table 3.** Distribution of activities developed by caregivers of elders concerning daily care, João Pessoa-PB, 2014.

Activities performed in the daily routine of caregivers of the elderly in ILPIs	n
Companion on hospitalizations	05
Companion on medical appointments	07
Hygiene of the room	10
Manicure and pedicure activities	20
Solar exposure	20
Organization of the elder's personal belongings	22
Change of sheets	26
Change of diapers	26
Change of decubitus	26
Assistance with everyday activities (dressing, eating, bathing, walking, going to the bathroom)	26
Assistance during leisure activities promoted by the ILPIs	26
Establishing communication with the elderly	26
Skincare	26
Bed making	26

**Table 4.** Distribution of the reasons why caregivers opted to work in an ILPI, João Pessoa-PB, 2014.

Reasons why the caregivers work in the ILPIs	n
Deep affection for the elderly	1
Religious mission towards the elderly	8
Humanitarian mission towards the elderly	10
Welfare promotion for the abandoned elderly	12
Indication by acquaintances	13
Devotion to serve and to be employed by an institution such as the aforementioned	14
Personal fulfillment in dealing with the aged	20
Job opportunity	23

duties, sometimes using the word "caregiver" to all the professionals who provide direct care to the elderly. The caregiver of the aged is currently considered as a recognized occupation by the Brazilian Classification of Occupations (CBO) under the code 516210, which belongs to the group of workers of special care services, with the definition of "Elderly companion, Caregiver of the elderly and dependent people, Home caregiver of the elderly, Institutional caregiver of the elderly and Gero-sitter" [14].

This situation complicates the delineation of the tasks that must be performed by caregivers. Many of the collaborators execute several activities (**Table 03**), going from nursing assistant to general services, thus not having their specific activities, serving as a multifunctional worker, which can lead to a deficiency in the priority duties necessary to maintain the quality of life of the elderly.

During the research, many caregivers wrote their opinions concerning the activities they performed. Thus, it was possible to develop a chart to quantify the reasons why these caregivers chose to work in ILPIs, as displayed in **Table 4**. Each caregiver mentioned more than one reason.

It was found that there was a variety of reasons that led the caregiver to work in the institution. Job opportunity was mentioned by the majority of the participants, who also reported personal fulfillment when dealing with aged people.

## Discussion

Estimates foresee that in 2050 there will be approximately 50 million elders in Brazil [9]. For this reason, the demand for support networks aiming at the elders, specifically ILPIs, tends to increase. The ILPIs intend to provide assistance to the resident elders, preventing complications and encouraging autonomy and performing several important functions [3-4, 7].

The caregiver's role is to assist the elderly in their daily living activities. This aid can be directed to

healthy or ill elders, partially or totally dependent, in condition of risk and frailty, at the home environment or in institutions. It is important to emphasize that some technical procedures performed by legally established professions are not part of the caregiver's routine. Therefore, it is evident that the caregiver does not have any competence or legal support to perform venopuncture, to parenterally administrate medicines and other activities executed by certain professionals [11-12].

The caregiver of elders emerged as a regulated occupation in Brazil just recently and it presents difficulties in its recognition. One of the causes of such difficulty is the lack of requirements and guidelines proposed by formal education to standardize the training of these professionals.

The work overload (evidenced by **Table 1**) results in the onset of diseases related to the activities performed by the caregivers. Diseases such as arterial hypertension, arthritis, back pain and depression affect caregivers due to activities e.g. bed baths and diaper changing, which require muscular strength, as well as the inappropriate posture adopted by these workers [7].

The age of the caregiver is an important variable which presents conflict when being discussed. The greater age of the caregivers (82 years old), according to **Table 2**, implies consequences that compromise their quality of life, resulting in physical impairment such as occupational diseases for this advanced age range, which is also considered as elderly. On the other hand, this greater age positively influences the care delivered, given that the personal and professional experience of the caregiver affects directly the assistance [13].

A significant percentage of female caregivers is observed in several studies worldwide and it is justified by the fact that women are historically considered the primary caregiver of her family and children, whether in the familiar setting or in the institutional environment.

The differences in the length of time during which caregivers have been working in this

function of providing the elderly with assistance demonstrate that these workers have diverse experiences; some of them have been working with the elderly for a longer time and, due to this fact, have more empirical experience to deal with the old age nuances and with the peculiarities of each elderly, whereas other caregivers have just been inserted in this occupation, where they will learn and comprehend all the particular features of the elderly who live in ILPIs.

Most participants lack specific training, which hinders proper care, compromising the assistance delivered to the elderly. The caregivers' knowledge concerns the routine and enthusiasm or personal motivation that they demonstrate by working in such places, once it is a hard job that requires great work organization in order to avoid stress and daily sadness. The elderly caregiver profession is promising and may represent new opportunities in the job market, bearing in mind the increase of the aging population and of the institutionalized elderly.

For this purpose, it is necessary to provide caregivers of the ILPIs with better qualification and technical training for those who intend to become caregivers. Thus, improvements in human resources would be possible, with consequent contribution to the health of the elderly living in institutions. It is also crucial to rescue the caregivers' self-esteem during training, as most of them feel undervalued, reflecting negatively in the assistance given to the elderly [7].

Many caregivers are not fully qualified to assist the aged in their activities, resulting in fatigue for both caregiver and the human being cared. This professional should be trained not only technically, but also morally and ethically, as these factors directly interfere with the care provided. The author also states that both the qualified caregiver and the ordinary non-trained volunteer need energy, patience, attention and ability to understand the care towards the aged people [8].

The activities that these workers perform in the visited ILPIs could not be quantified by each care-

giver. It was evident that there is work overload and division of tasks among themselves as a way of satisfying the demand of duties they execute in their working hours in each institution.

In some developed countries, such as England, the caregiver is considered as a member of the healthcare team [8]. In Brazil, the caregiver is not included in the health field; instead, this worker is inserted in the "Workers for beauty services and personal care" [14].

When it comes to the non-participation in the healthcare team, it is discussed that they are still considered as the responsible for domestic duties unrelated to the healthcare team, which, in a certain way, has undermined the responsibility of the proposal for the care towards elderly people, especially when they are institutionalized. The elderly who live in homes for the aged in Brazil are also classified as frail, due to the social vulnerability which resulted in their institutionalization.

It was verified, by means of these reports and empirical observation during data collection, that the caregivers, with no exception, perform several roles in the ILPIs, from assisting the elderly to domestic tasks, such as food preparation, hygiene and cleanliness of the institutions. This reflects, once again, the perception towards the caregivers as workers with multiple activities, with no specific function. Among the activities described above, only one of the caregivers reported developing leisure activities, which demonstrates a deficit in recreational activities, negatively influencing the quality of life of the elderly, who become idle with no occupation to do during the day in the ILPIs.

It was also noticed that the visited ILPIs are, mostly, idle establishments where the elderly repeatedly wakes up, sleeps, bathes, nourishes himself and sleeps again, without engaging in leisure attractions that encourage autonomy and quality of life.

Some studies corroborate these motives, once they expose that the caregiver of the elderly deals with daily stress, working hard and underpaid, but

that he/she is also sympathetic, which demonstrates the human understanding of caring for the other as an ethical and moral aspect of the human nature [9, 11, 13].

## Conclusion

In the present study, it was noticeable the lack of human resources in the ILPIs, which demands the recruitment of more workers to provide direct care to the elderly, resulting in a decreasing work overload for the caregivers and in an improvement in the care provided to the elderly population living in these institutions. In this context, the act of considering the qualification and the work performed by the caregivers surpasses the simple daily act of maintaining life to reach a more specialized proposal of care involving competences and responsibilities oriented to the needs of each resident, thus contributing positively in the current demographic situation of several countries. Therefore, there is food for thought about the professionalization of the caregiver of elderly in the present time.

The objectives of this research were achieved, i.e. identifying the profile of caregivers of institutionalized elderly, which consists predominantly of females, married people, who did not acquire previous training (formal education) to work with the ageing, representing a worrisome factor, as it compromises the quality of the care provided to this clientele.

Among the limitations of this study, it is worthy to emphasize the difficulty in comparing the presented data with relevant current literature, taking into consideration socio cultural differences in several countries regarding this theme and the scarcity of national and international studies.

In light of the current situation in Brazil concerning ageing and having other studies about this theme as basis, it is necessary to expand and restructure the networks of support for the elderly, especially of the ILPIs.

It should be pointed out that is crucial the elaboration of further studies that corroborate the

discussion about the performance and education of the caregivers of elderly, who are workers that have been increasing along with the development of the aging population and that demandan insertion in the health discussion and in the human work dimension in order to, after their formal inclusion among the healthcare professionals, establish their focus and unique assistance towards the aged, whether institutionalized or not.

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