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ORIGINAL ARTICLE

CARE OF A FRAGILE ELDERLY BY THE FAMILY

O CUIDADO DE UM IDOSO FRÁGIL PELA FAMÍLIA

CUIDADO DE UM MAYOR FRÁGIL POR LA FAMILIA

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ABSTRACT

Objective: approaching the care of the elderly by a registered family in the Family Health Strategy Major Prates III. ***Methodology:*** case study of a family of Minas Gerais/MG. In data collection were carried out home visits by mid-level professionals, senior and community worker health October 2014 and February 2015 the family approach the instruments were applied the genogram, family conference, ecomap, life cycle, Firo and PRACTICE. The research project was approved by the Research Ethics Committee, Protocol nº 572.244. ***Results:*** The analysis provided a deeper understanding of the conflicting relationships between family members. ***Final thoughts:*** the end of the family conference the sisters reported that the approach tools, especially the family conference was resolute and able to improve linkages and accountability of care. ***Descriptors:*** Health; Family relationships; Aging Health.

RESUMO

Objetivo: abordar o cuidado do idoso por uma família cadastrada na Estratégia Saúde da Família Major Prates III. ***Metodologia*:** estudo de caso com uma família de Minas Gerais/MG. Na coleta de dados foram realizadas visitas domiciliares pelos profissionais de nível médio, superior e o agente comunitário de saúde de outubro de 2014 e fevereiro de 2015. Foram aplicados os instrumentos de abordagem à família o genograma, a conferência familiar, ecomapa, ciclo de vida, Firo e o PRACTICE. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, Protocolo nº 572.244. ***Resultados:*** a análise proporcionou um entendimento mais aprofundado das relações conflituosas entre os membros da família. ***Considerações finais:*** ao final da conferência familiar as irmãs relataram que as ferramentas de abordagem, em especial a conferência familiar éra resolutiva e capaz de melhorar os vínculos e a responsabilização do cuidado. ***Descritores*:** Saúde da Família; Relações Familiares; Saúde do Idoso.

RESUMEN

Objetivo: abordar el cuidado de los ancianos de una familia registrada en la Familia Estrategia de Salud Mayor Prates III. ***Metodología:*** estudio de caso con una familia de Minas Gerais/MG. En la recogida de datos se llevaron a cabo visitas a domicilio por profesionales de nivel medio, salud senior y trabajador comunitario de octubre de 2014 y febrero de 2015 la familia acercarse a los instrumentos se aplicaron el genograma, reunión familiar, ecomapa, ciclo de vida Firo y práctica. El proyecto de investigación fue aprobado por el Comité Ético de Investigación, Protocolo nº 572.244. ***Resultados:*** El análisis proporciona una comprensión más profunda de las relaciones conflictivas entre miembros de la familia. ***Consideraciones finales:*** el final de la conferencia de la familia de las hermanas informó que las herramientas de aproximación, especialmente la conferencia de familia era decidido y capaz de mejorar los vínculos y la rendición de cuentas de la atención. ***Descriptores:*** Salud; Las relaciones familiares; El envejecimiento de la Salud.

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INTRODUCTION

In Brazil, the centralization of care in the family has been implemented based on the family health strategy since 1994, through the implementation of multidisciplinary teams in primary care settings to health. These teams are responsible for monitoring a defined number of families located in a geographically defined area. This centered on the family requires changes in practice these health teams through family approach, which will be held several interventions over time from the understanding of the structure familiar.[1]

The family approach is a priority of primary care and should be considered in the health system reorganization strategy. It is important to know the families of the settings, their arrangements, their context, their social processes of work and experience, their cultures and peculiarities, finally, understand the family as social.[2] production unit Thus, the National Policy Primary Health the Ministry of Health of Brazil reaffirms the family as the subject of the care process and defines domicile as the social context in which they are built intra and extra family relations and effective where the struggle for survival and the conditions of life.[3] This strengthens the family as an essential agent of its members protection: the elderly, especially with weaknesses, bedridden, chronically ill, children, dependents, unemployed, among others. Therefore, the family must be one of the strongest links in the safety net.[2]

Just as a bedridden elderly, your family should also be receiving care by the health team (ES), and this should lead to a global approach to their needs, identifying who is the primary caregiver, the main difficulties of the family components, the type of existing communication between them and the resources (internal and external) that they have to face situations. Thus, the emergence of injuries, diseases, disorders or acute or chronic disorders, will deeply affect the family system, and cause necessary adaptations of all directly or indirectly involved.[4-6]

The care with a bedridden elderly represent, as well as a challenge, a family burden, which may cause a great emotional impact, and is in communication that lie the greatest needs of the individual and the family, as the caregiver is the one who has of his time and of his life to meet the needs of others. Thus, the use of familiar tools approach allows the ES to work with the family to provide knowledge and understanding of the structure and lifestyle of it. Among the tools commonly used in primary care by health teams are: the genogram, the eco-map, the cycle of life of families, family conference, the FIRO and PRACTICE.[4,5]

The genogram or family heredogram is a graphical representation of a family through agreed symbols and is considered a clinical instrument work for the healthcare professional. It works like a "radiography" psychosocial patient, his family and his illness. It is a relational map that facilitates the visualization of the family context and assesses to what extent the pattern of relationship is healthy, functional or contributes to the illness of its members.[2-7]

The eco-map is a design that complements the genogram in understanding the composition and relational structure within the family and the relationship with the environment that surrounds it, as work, church, community groups, clubs, neighborhood or other support structures. This is the familiar social network.[2]

The family life cycle is a tool that divides the family history in a series of predictable events that occur as a result of changes in your organization. These changes require each individual an accommodation to a new arrangement, making specific roles and tasks for each member at each stage of the life cycle.[8]

The Family Conference is a structured meeting in an attempt to solve some problems experienced by the family that this cannot overcome with their own resources and therefore require professional intervention to be successfully solved.[4]

The FIRO tool which is an acronym for Fundamental Guidelines in interpersonal relations, translated from the English language which is Fundamental Interpersonal Relations Orientations, seeks to assess the feelings of family members, the coexistence of daily relationships.[2]

The PRACTICE tool, also an acronym whose identification it is problem, roles, Affect, communication, team, illness, coping, environment assists in handling the most difficult and complex situations, focusing on solving the problems, definitions of roles, assessment of affection, communication, weather, disease, the situations of confrontation of diseases and the environment. It allows a comparison with the various interfaces that are the familiar problems and is applied in the form of interview family moments. [1-7]

Thus, this study aims to address the care of the elderly by a registered family in the Family Health Strategy Major Prates III.

METHOD

This is a case study of a registered family in the coverage area of a Family Health Strategy (FHS) in the municipality of Montes Claros - Minas Gerais. This type of study considers any social unit as a whole, bringing together numerous and detailed information to learn the totality of a situation. The approach was exploratory research that allows greater familiarity between the researcher and the researched topic.[9]

Family of choice were used as criteria to be registered in the area covered by the FHS, a family member or community health worker have sought to team up with family problem report where the application of the familiar approach of instruments to be viable in order to promote a reflection on family relationships and seek joint resolution of the problem mentioned, be receptive to interventions, have obtained a good bond after the family of the recognition period.

For this study we selected the family of a user who lives with his elderly parents and very unhappy and overworked complaint, because the care of the bedridden father always looks up to her. Because of this, its relationship with the sisters is becoming confrontational.

For data collection were carried out home visits by mid-level professionals, higher and the Community Health Agent (CHA) in the period between the months of October 2014 and February 2015 in order to establish a bond with the family, apply the approach instruments and recognize the existence of conflicts within the nucleus to intervene in the best way to solve the initial problem pointed out, it was the workload of a daughter in the care provided to the elderly bedridden father. Among the many instruments approach to the family, after a literature review be carried out, were selected those that best fit the case in question, which were the genogram, family conference, eco-map, life cycle, Firo and PRACTICE.

Because it is a research involving human subjects were fulfilled the requirements of the Resolution nº 466/2012 of the National Health Council, submitting the project that originated this study for consideration by the Ethics Committee of the UNIMONTES with the opinion of approval nº 572.244 of 27/03/2014. Those involved in the study were informed about the voluntary participation in research, and to be assured the confidentiality of information through the Informed Consent previously signed. They were used fictitious names in the presentation of the case to protect the individuals involved.

RESULTS AND DISCUSSION

♦ Characterization of the Family

The family chosen for this study was Daisy (identified patient), 47, pensioner, divorced and living in Major Prates neighborhood for 20 years, carrier of arthritis, osteoarthritis and scoliosis. The patient sought the service in August 2014 complaining of "deep sadness and loss of zest for life". It was welcomed by the nurse team and forwarded to listen to the psychologist who conducted individual consultations with it. During such visits other demands were emerging, such as dental care, visits to general practitioners, obstetricians and nurse. At this time, they were being established links with professional service. The team follows the father of the identified patient, Mr. Florindo, 79 years old requiring frequent home visits because bears Hypertension (SAH), suffered a vascular accident (CVA) in 2011 and not wander since, bearer of left hemiplegia and some trunk control with pre AVE smoking history. He is married to Mrs. Orchid 81, well prepared, does not present any comorbidity and has strong ties to all family members. Daisy has two children, Clove 26, and Rosa, 19 years old. All reside in the same house that Mr. Florindo.

Daisy has three brothers: Hydrangea, Sunflower and Lily. Hydrangea, 49, married, lives in a house in the same yard that parents and has two children who live in another state. Sunflower, 51, married, has 3 children who live in São Paulo, resides in the same neighborhood a few streets above the Daisy home. The older brother Lily, 54, married, has a son and lives in a distant neighborhood of the site where the parents live. The sisters report that his brother did not go to her parents' house for years and no assists in care, being a member of the family remaining part.

With the establishment of an effective link with the members of the healthcare team, and most of their problems solved, there was a very frequent complaint of the identified patient who was still quite dissatisfied because the care of his bedridden father always stood up to her, who had just overwhelmed and could not have time to take care of their own health and daily activities. His sisters always used excuses such as work or lack of time to help in the care of his father.

The team met, discussed the case and realized that the problem presented by the patient was familiar, requiring not a single

intervention but a conference for the division of tasks between all family members involved in caring for Mr. Florindo.

Home visits were carried out by the ESF professionals: community health worker, nurse technician, nurse and dentist to better assess the complaint, and it was observed that the care of the bedridden patient really were only in charge of the daughter Margaret and her mother elderly. One of the sisters was found in one of the visits and acknowledged that does not help enough in the care of his father, and he misses a scale in writing specifying the tasks of divisions.

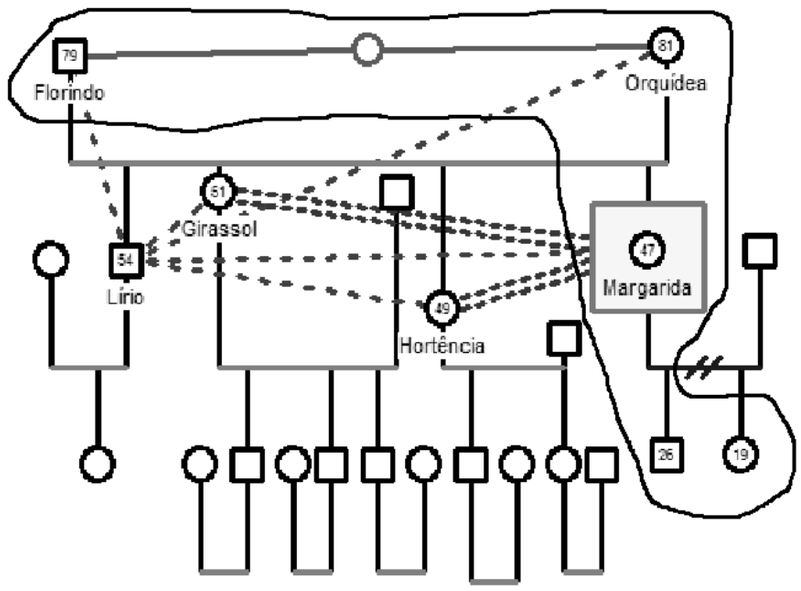
The relationship between the sisters became conflictive precisely because of the lack of division of tasks in caring for the bedridden father. Mr. Florindo, although they express little due to sequelae of stroke, has a good relationship with all family members. In addition to being accompanied by the Major Prates FHS team is also assisted by the team "Best in House," a program created by the Ministry of Health to assist people in need of motor rehabilitation, the elderly, bedridden free with multidisciplinary care at home.[10]

Mr. Florindo stood depressed in use of enteral tube, with a wound in the left buttock that required daily dressings performed by the nursing technician. In use of Losartan potassium (50 mg) and sertraline. Being bedridden and daughter Margaret finds it difficult to perform all care plan proposed by the task team ESF and the "Best Home". The legs of the elderly were atrophying due to disuse and there was no kind of sensory stimulation beyond television that is in your room. Due to cultural and superstitious beliefs of bedridden wife, associated with rapid death, the family did not accept changing the position of the bed, intervention proposed by the physiotherapist support core team will family health (NASF), due to the location of the window fourth. Basic care related to food, sometimes were not performed at the right time, being observed a progressive weight loss in the patient, the bath was also not given daily, there was a delay in the exchange of slopes, but the administration of medications was held at the correct times. The care of nursing technique allowed wound healing and in January 2015 it was possible to suspend the use of the feeding tube.

Some family approach instruments were used in the case due to its complexity, low cost and effectiveness in the resolution and better understanding of the problem presented, as well as a multidisciplinary team to apply them in line with other authors who showed the interdisciplinary consisting of a dialogue enables disciplines enrichment in its outlook and method, and consequently greater success in addressing conflict situations found.[11-2]

♦ Application of familiar instruments The genogram

The index patient, Daisy, complains of family relationships that are weak and little resolving when it comes to the division of tasks in the daily care of the bedridden father, causing physical and emotional distress, as evidenced in a study conducted by another author in that most often the caregivers involved in work with the elderly forget themselves, their needs and satisfaction in living. For better understanding of these family relationships built up a studied family genogram (Figure 1), which is possible through the existing relationship patterns among its members seek solutions to the problem initially raised.[13]



Legend:

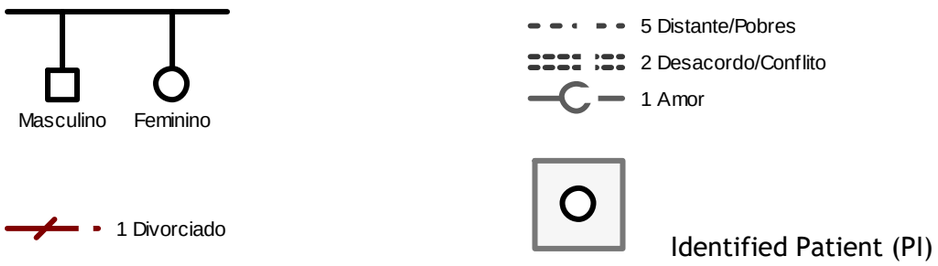


Figure 1. Genogram of the Family studied

The genogram is a graphical representation tool of family composition and basic relationships in at least three generations, made through symbols. It allows, quickly and clearly see which are the members making up the family, whether they consanguineous ties or not and can identify the age, occupation, profession and education of every person in addition to portraying a busy place for each structure within the familiar.[14,15]

In the daisy family genogram it can see that there are conflicting relationships between the three sisters caused by stress in failing to reach a consensus on the division of labor with caring for his father. The older brother has a very distant relationship of the other members, not helping or knowing the father's health. Among the elderly couple relationship is very strong and well established, and this good relationship can unite the three sisters around the country. Daisy is divorced and reports take care of the children alone, feel much excluded from society and little loved by all that surround it, making another reason raised by the same the distance of the other sisters, being shown for the health team that Daisy also needs emotional care for her.

♦The eco-map

The family of Daisy has strong ties with few institutions and prefers that they do not interfere much in decisions about the care of the bedridden father. Figure 2 represents the family eco-map. The arrows indicate the flow is reciprocal or not.

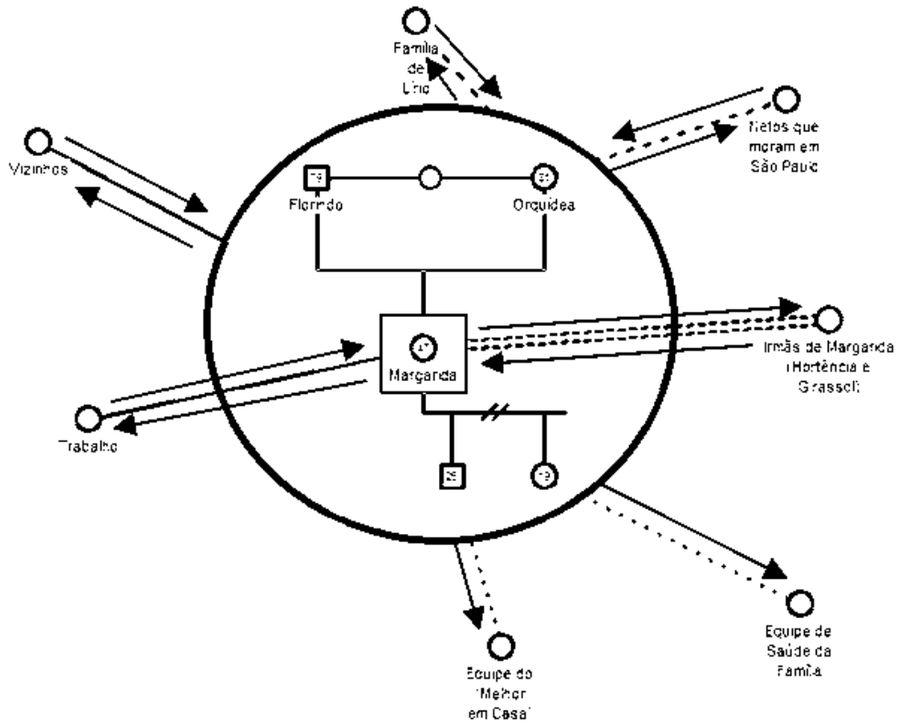


Figure 2. Eco-map of the Family studied.

The eco-map is a diagram of the relationship between the family and the community that assists in the assessment of support available and its use by the family. May represent the presence or absence of social, cultural and economic resources, and the picture of a particular moment in the lives of family members and therefore is dynamic. In accordance with the Chapadeiro authors, Andrade and Araújo a family with few connections with the community and among its members as Daisy needs greater attention from the ESF for better quality of life.[2,16]

As in the genogram it can be observed conflicting relationships between the four sisters, a distant relationship not only with his brother Lily, but with all the grandchildren of Mr. Florindo who live in other states. Despite frequent home visits, all the support and care provided by the staff, the family still has an indifferent relationship with the members of the ESF and the "Best Home". Regarding the neighbors to work the family has a clean and professional bond, which has little influence in making family decision.

The family has no significant ties with institutions such as the church, prayer groups or living together or with other distant relatives.

♦ Family Life Cycle

Reside together Mr. Floriano, his wife, his daughter Margaret, and two grandchildren. This situation may be due to the accumulation of changes and, consequently, family disputes. Daisy went through predictable stages of life, but divorce brought a regression in those moments, as the same returned to live with his parents, although not financially dependent on them. Margaret's parents have always had children living in the same yard, so not gone through the phase of the empty nest.

Families can be classified into nuclear, extended, single parent, and rebuilt unit. In line with the study by the same author is clear how important it is to know the kind of family, comprising different structures and configurations, giving answers to the tensions that may arise under these conditions hold.[17]

The Family Life Cycle tool applied in the case of Daisy family's role is to identify situations where the appearance of

dysfunction is more common. This tool divides the family history in eight predictable developmental stages, and each stage is characterized by specific development tasks and stress associated with running or not the stage tasks.[18,19]

The family is the extended type, as well as being made by the mother and the children also aggregates the Daisy elderly parents residing in the same household, evidencing that the actions to be undertaken by the ESF team should include all five members, addition to the other sisters although not in the same household directly influence decisions and care offered to the Lord Florindo.

The family of this study to be enlarged type is going through some life stages while the children would emancipate themselves and family in later life. In the first stage has been mentioned as auxiliary tasks and guide Margaret and their children about the importance of restructuring their relationship. Daisy also needs to start learning how to deal with the "empty nest" and their two children become more independent. It is also worth noting that Marguerite is already facing possible problems for this stage, which is the divorce and the crisis of middle age and the FHS has been offering support to patients through attendance and active listening to their demands.[20]

In the family phase in late life the tasks to be performed are learning to accept the generational change of roles, create efficient mechanisms to cope with the illness and death of parents, grandparents and spouse plus you get to adapt healthily with paper Retired or pensioner, who is the Margaret case that already retired due to health problems. It is necessary that living environments are created for both Margaret's mother and for the patient falls that end up devoting most of their time to caring for Florindo who is bedridden and does not leave home.[20]

Firo

With regard to Inclusion, Daisy complains that makes all decisions related to the father alone, and that the brothers are not included in the problems and situations the way they should, leaving her overworked. Regarding the control, the power relationships focused on Margarida (dominant), while their families remained little present in care and decisions about the health of the bedridden father. With respect to privacy, Daisy kept a weak relationship with other family members, seeing the sisters as a support in times of need or distress.

The FIRO model (Fundamental Interpersonal Relations Orientations) is based on fundamental guidelines in interpersonal relations. In which the family may be examined as to their power relations, communication and affection; when the family suffers major changes, or rites of passage, and it is necessary to create new patterns of inclusion, control and intimacy. The inclusion relates to the interaction within the family, the family organization and the roles of individuals in that family, realizing the ways of sharing, interaction between the family, the family's identity as a group, including the question of values and family rituals. Control refers to the interactions of the exercise of power within the family, who exercises dominant control (the one that influences the rest); the reactive control (one that establishes negative reactions, ie reaction to an influence that wants to become dominant); and collaborative control (the one that establishes the division of influences among family members). Intimacy refers to family interactions in relation to interpersonal exchanges, to how to share feelings, vulnerabilities and strengths.[7]

♦ Practice

The PRACTICE name is the acrostic of the following words of Contents: Problem, Roles, Affect, Communication, Time in life, Illness, Coping with Stress, Environment.

P- Problem (Problem): What is the problem presented? To be interviewed, Daisy, complained quite dissatisfied because the care of his bedridden father always stood up to her, who had just overwhelmed and could not have time to take care of their own health and daily activities and his brothers did not They include the problems and situations related to parent the way they should, leaving her overworked.

R- Roles (Roles): What are the roles of each member of the family structure? Mr. Florindo, bedridden for 04 years, ceased to exercise control and family needs care. Daisy and her mother exercising care with Mr. Florindo. Mrs. Orchid little helps due to old age. The sisters claim lack of time to help in the care of his father.

A- Affection (Affect): As the family behaves before the problem presented? The relationship between the sisters became contentious due to lack of distribution of tasks in the care of his father. Mr. Florindo has a good relationship with all family members, although they express little due to sequelae of stroke. The older brother has a very distant relationship of the other members, not helping or knowing the father's health. Among

the elderly couple relationship is very strong and well established.

C- Communication (Communication): What kind of communication within the family structure? To be interviewed, Hortense says that does not help much in the care of the father because Daisy does not request the assistance of her.

T- Time (Time): What life cycle phase the family is? In the family there were some changes in the life cycle. The father, being bedridden, is no longer the family provider and daughter Margaret after the divorce came back to live with their parents, causing a regression in those moments.

I- Disease (Illness): What is the history of disease in the family, current and present? The stroke and its consequences suffered by his father were responsible for the changing roles of the family and consequently the arising conflict. It was reported other cases of stroke in the family.

C- Dealing with stress (Copying with stress): As family members face the stress of life? The Daisy stress was manifested through the overload and fatigue.

E- Environment (Environment): What are the resources that the family has to face the problem in question? The family has an indifferent relationship with the members of the ESF and the "Best in Home." Regarding the neighbors and work the family has a clean and professional bond, which has little influence on family decision making and has no significant links with institutions such as the church, groups of prayers or living together or with other distant relatives.

Information collected through PRACTICE was obtained during interviews with the family. As in the study of Ditterich, Gabardo Moses and much of the information necessary for this tool were drawn from a general discussion with the family about the perception of this problem. Silva Santos and complete that it is a pedagogical way to guide the meetings with family, and as the study of the authors PRACTICE tool allowed us to identify how the family behaves on the presenting problem.[7]

Family conference

A family conference corresponds to a structured intervention in the family, which must comply with the objectives previously presented. It is a meeting with previously agreed between the professionals present and where, in addition to sharing information and feelings, if you want to help change some patterns of interaction in the family, so very important and feasible to be held with family Margaret.[4]

Several home visits were carried out trying to find the whole family together to set a date for the family conference, and the members had to be addressed separately to explain what is the conference, which its function, its benefits and the need to be held in family concerned.

After several attempts was marked on Friday in the late afternoon, the conference with the three sisters and mother gathered. At first, the sisters received very well the nurse, dentist, doctor, physical therapist, the nursing technician and ACS, demonstrating their willingness to solve the problem of division of labor in the care of his father. It was explained to the family why the family home conference the importance of division of labor, the situation in which the younger sister Margaret was in and the real father's health situation, and all the care that it needs at the time. At the first conference of the stage, the issue for discussion sisters threw himself: What can be done to solve the problems Daisy?

In the second stage of discussion of the problem among family members, Sunflower placed that does not help much in caring for the bedridden father because he works in a pharmacy during half-time and looks after the house and the husband in the rest of the time, but who knows the importance this care and recognizes that the division of labor is fair, since Margarida stay with a little more work to reside at his parents' home and away from work for some period. Hortense alleges that does not help much in the care of the father because Daisy does not request the assistance of her and that jobs are not well defined, and suggests that a range of written tasks with the signing of all is made, signing a commitment between them .

Daisy gets nervous with the testimonies of the sisters and says that they always left alone in the care of his father, even when she asks for help. Is not it fair to have to get more work because claims to be very ill and feel a lot of pain that do not let not sleep at night. It also exposes all his father's health problems and says that the sisters are not aware of all these problems and how difficult it is caring for the bedridden. Hydrangea and sunflower depart from confrontation, and report that they know of the difficulties in caring and want to help from now, and that Marguerite must stop settling in times past and move on, proposing the lifting possibilities phase to resolution the initial problem, that a range of

tasks to be done and fast because they have to go home to make dinner.

The nurse and dentist draw a Weekdays frame and spaces to put the hours and tasks and present the sisters, asking what are the tasks that need to be made and which times of each. Daisy shows that care is needed with hygiene, medications and coffee in the morning. At midday it is necessary to lunch to his father and put it to do some recreation or rest. In the afternoon is offered a snack and other recreation. The night is necessary to dinner, some medications and to prepare you for sleep. It is also necessary to carry out the exchange of bedridden baby, and take it to routine consultations in health facilities.

At the last moment of the conference the sisters agree with the tasks and do not add any other. Hortense proposes the division of tasks that require utmost care that would be bathing and meals, and asks Margaret to stay with the simpler ones, as they live in the parental home and is off work. Daisy is satisfied with the proposal sister and says that if all do their part on a daily basis will have more time to take care of their own health. In the end, it was decided that the sisters will hold the morning care in pairs, and each day one will be responsible for giving lunch, afternoon snack and Margarida or mother will always offer the dinner the night.

Two weeks after the conference the nurse and technique made a home visit to find out how she was being followed the tasks scale if there were new complaints sisters or resolution of the problem reports. The three sisters and the husband of Hortense were found together repairing the Florindo bath chair, as it had already repaired the wheelchair and improved access to the bathroom, and Florindo position on the right side, as requested by the physiotherapist. The sisters reported that there was an improvement in their family relationships and dialogue between them, which now can be organized to confront and decision making across the care offered to the bedridden father.

FINAL REMARKS

The eco-map, genogram, FIRO, the cycle of life and PRACTICE portrayed important relationships with the external environment, conflicting ties between family members, representing the relationships of the family members with the broader systems and helped define the needs and family resources, facilitating the identification of future interventions and the development of needs to be addressed during the family conference, which is an instrument rarely addressed by the FHS teams despite being essential in resolving family conflicts.

At the end of the family conference sisters and Margaret were very grateful to the work proposed by the team of FHS problem-solving, and reported that they did not know this family conferencing tool and that found very resolute and able to improve linkages and accountability care among family members and pledged to follow the combined signed between them during the meeting.

With this study it became evident that know the dynamics of the family, its characteristics, the way it relates to the community, with the environment (cultural, economic and religious), reveals an important step in planning interventions not only in the health field but in other areas necessary for quality of life and offer a quality service to users. This most comprehensive family approach experience even provided a great professional growth for all involved through a scientific view of such strong influence of family relations on the timing of the resolution of issues that arise in the practice of family health.

Further in-depth studies on effective ways of family approach and application of instruments in family health experiences are still necessary.

REFERENCES

1. Minas Gerais (SES). Plano Diretor da Atenção Primária. Oficina VI. Abordagem Familiar. Guia do Participante. Belo Horizonte [Internet]. 2009 [cited 2015 Feb 22], Available from: http://www.esp.mg.gov.br/wp-content/uploads/2011/02/Implantacao-PDAPS_oficina6_260109_Tales_BAIXA.pdf

2. Chapadeiro CA, Andrade HYSO, Araújo MRN. A família como foco da atenção à saúde. Belo Horizonte: Nescon/UFMG [Internet]. 2012 [cited 2015 Feb 20] Available from: https://www.nescon.medicina.ufmg.br/biblioteca/imagem/2726.pdf

3. Brasil. Portaria n. 2488 de 21, de outubro de 2011. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes e normas para a organização da Atenção Básica, para a Estratégia Saúde da Família (ESF) e o Programa de Agentes Comunitários de Saúde (PACS). Diário Oficial da República Federativa do Brasil, Brasília. 2011.

4. Neto IG. A conferência familiar como instrumento de apoio à família em cuidados paliativos. Rev Port Clin Geral [Internet]. 2003

[cited 2015 Feb 26];19(1):68-74. Available from: http://biblioteca.esenf.pt/plinkres.asp

5. Souza MBS, Argimon IIL. Caregivers' conception of the care provided to the elderly. J Nurs UFPE on line [Internet]. 2014 [Cited 2015 Feb 22];8(7):3069-75. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/4674

6. Bom F, Chaves-Sá S, Cardoso R, Silva J. Informal caregiver for elderly: educational technology for the provided quality of care and self-care. J Nurs UFPE on line [Internet]. 2014 [Cited 2015 Feb 17];8(10):3576-80, Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/6696

7. Muniz JR, Eisenstein E. Genograma: informações sobre família na (in)formação médica. Rev. bras. educ. med. 2009; [cited 2015 Jan 25];33(1):72–9. Available from: http://www.scielo.br/pdf/rbem/v33n1/10.pdf

8. Ditterich RG, Gabardo MCL, Moysés SJ. As ferramentas de trabalho com famílias utilizadas pelas equipes de saúde da família de Curitiba, PR. Saúde Soc São Paulo [Internet]. 2009, [cited 2015 Jan 25];18(3):515-24. Available from: http://www.scielo.br/pdf/sausoc/v18n3/15.pdf

9. Minayo CS. O desafio do conhecimento. Pesquisa qualitativa em saúde. 2008

10. Brasil. Portaria n. 963, de 27 de maio de 2013. Redefine a Atenção Domiciliar no âmbito do Sistema Único de Saúde (SUS). Diário Oficial da União; Brasília. 2013.

11. Gomes R, Deslandes SF. Interdisciplinaridade na Saúde Pública: um campo em construção. Rev Latino-am Enfermagem [Internet]. 1994 [cited 2015 Jan 25];2(2):103-14. Available from: http://www.scielo.br/pdf/rlae/v2n2/v2n2a08

12. Saltarelli RMF, De Paula AM, Júnior PPP, Pereira KC, Paulino JR, Do Prado MRMC. Abordagem familiar como esfera do cuidado em saúde: subsídios para o ensino teórico e prático no curso de graduação em enfermagem. Revista Ciências & Ideias [Internet]. 2011 [cited 2015 Feb 25];(2)1:2176-14773. Available from: http://revistascientificas.ifrj.edu.br:8080/revista/index.php/reci/article/view/91

13. Gratão ACM, Talmelli LFS, Figueiredo LC, Rosset I, Freitas CP, Rodrigues RAP. Dependência funcional de idosos e a sobrecarga do cuidador. Rev Esc Enferm USP [Internet]. 2013 [cited 2015 Jan 25];47(1):137-44. Available from: http://www.scielo.br/pdf/reeusp/v47n1/en_a17v47n1.pdf

14. Carraro TE, Meincke SMK, Collet N, Tavares BC, Kempfer SS. Conhecimento acerca da família do pai adolescente observado por meio do genograma. Texto & contexto enferm [Internet]. 2011 [cited 2015 Feb 25];20(spe):172-7. Available from: http://www.scielo.br/pdf/tce/v20nspe/v20nspea22.pdf

15. Mcgoldrick M. As mudanças no ciclo de vida familiar. Porto Alegre: Artes Médicas; 1995.

16. Nascimento LC, Dantas IRO, Andrade RD, Mello DF. Genograma e ecomapa: contribuições da enfermagem brasileira. Texto & Contexto Enfermagem [Internet]. 2014 [cited 2015 Feb 25]; 23(1):211-20. Available from: http://www.scielo.br/pdf/tce/v23n1/pt_0104-0707-tce-23-01-00211.pdf

17. Dutra EM, Vasconcelos EE, Teófilo JKS, Teófilo LJS. Atenção integral aplicada à família: relato de experiência. SANARE-Revista de Políticas Públicas [Internet]. 2013 [cited 2015 Jan 25];11(1):[about 5 p.]. Available from: http://sanare.emnuvens.com.br/sanare/article/view/267/240

18. Nobre LLR, Queiroz LS, Mendes PHC, Matos FV, Soares ASF, Leão CDA. Abordagem familiar no âmbito da estratégia saúde da família: uma experiência de cuidado interdisciplinar. Revista da Universidade Vale do Rio Verde [Internet]. 2014 [cited 2015 Feb 25];12(2):458-68. Available from: file:///C:/Users/Usuario/Downloads/Dialnet-AbordagemFamiliarNoAmbitoDaEstrategiaSaudeDaFamili-4901269.pdf

19. Mcgoldrick M, Gerson R. Genogramas en la evaluacion familiar. Buenos Aires, Argentina: Gedisa;1985.

20. Silva JV, Santos SMR. Trabalhando com Famílias Utilizando Ferramentas. Rev APS [Internet]. 2003 [cited 2015 Jan 25];6(2):77-86. Available from: http://www.ufjf.br/nates/files/2009/12/Pesquisa3.pdf

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