ANALYSIS OF THE ELDERLY FAMILY CARE CONCEPT
ANÁLISE DO CONCEITO DE CUIDADO FAMILIAR AO IDOSO
ANÁLISIS DEL CONCEPTO DE CUIDADO FAMILIAR AL ANCIANO
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ABSTRACT
Objectives: to analyze the application context of the family care concept in studies developed in the nursing area of elderly health; to develop a theoretical model that incorporates elements found in the analysis.
Method: a proposed conceptual analysis with the following steps was performed: concept selection; determination of objectives in the conceptual analysis; identification of possible uses of the concept; determination of critical attributes and antecedent and consequent events to the concept. Results: antecedents are related to family functionality because the consequents are the physical, emotional, social, financial, and spiritual implications in the family care. Conclusion: the concept of family care for the elderly is characterized as being ambiguous, ambivalent, and complex. It was possible to develop a theoretical model considering attributes, antecedents, and consequents. Descriptors: Care; Elderly; Nursing.

RESUMO
Objetivos: analisar o contexto de aplicação do conceito de cuidado familiar em estudos desenvolvidos na área da enfermagem em saúde do idoso; elaborar um modelo teórico que incorpore os elementos encontrados na análise. Método: uma proposta de análise conceitual com as seguintes etapas foi realizada: seleção do conceito; determinação dos objetivos da análise conceitual; identificação dos possíveis usos do conceito; determinação dos atributos críticos e dos eventos antecedentes e consequentes ao conceito. Resultados: os antecedentes estão relacionados à funcionalidade familiar, já os consequentes são as implicações físicas, emocionais, sociais, financeiras e espirituais do cuidado familiar. Conclusão: o conceito de cuidado familiar ao idoso se caracteriza por ser ambíguo, ambivalente e complexo. Foi possível desenvolver um modelo teórico considerando os atributos, antecedentes e consequentes. Descritores: Cuidado; Idoso; Enfermagem.

RESUMEN
Objetivos: analizar el contexto de aplicación del concepto de cuidado familiar en estudios desarrollados en el área de la enfermería en salud del anciano; elaborar un modelo teórico que incorpore los elementos encontrados en el análisis. Método: una propuesta de análisis conceptual con las siguientes etapas fue realizada: selección del concepto; determinación de los objetivos del análisis conceptual; identificación de los posibles usos del concepto; determinación de los atributos críticos y de los eventos antecedentes y consecuentes al concepto. Resultados: los antecedentes están relacionados al funcionamiento familiar, ya los consecuentes son las implicaciones físicas, emocionales, sociales, financieras y espirituales del cuidado familiar. Conclusión: el concepto de cuidado familiar al anciano se caracteriza por ser ambiguo, ambivalente y complejo. Fue posible desarrollar un modelo teórico considerando los atributos, antecedentes y consecuentes. Descriptores: Cuidado; Anciano; Enfermería.

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INTRODUCTION

The family is a social institution that has been dramatically transformed in the last century. Such changes, directly and indirectly, affect the care that the family provides to its members, especially when it comes to the care of the elderly.

Programs and support services to elderlies and their families are necessary to keep up with such changes besides the knowledge of professionals who know how to operate with the concept of family care. Concepts have attributes of dynamic character, they are changeable in the temporal and contextual dimension, and their evolution is influenced by their use and application.¹

A concept is an idea or mental construct elaborated about a phenomenon, in this case, the family care. Concepts can be empirical or concrete (seen by the senses) or abstract (unobservable). Their primary function is to allow individuals to describe situations and communicate effectively.¹

The family care is part of the process of care in health, and because the understanding of concepts change over time, this concept needs to be reviewed periodically to maintain its applicability.¹

OBJECTIVES

● To analyze the application context of the family care concept in studies developed in the nursing area of elderly health.

● To elaborate a theoretical model that incorporates the elements found in the analysis.

METHOD

The analysis of the family care concept was performed using the following steps: concept selection; determination of the objectives of the conceptual analysis; identification of possible uses of the concept; determination of the critical or essential attributes and antecedent and consequent events to the concept.¹

The concept of family care was selected in this study. The determination of the objectives of the conceptual analysis was based on the verification of the presence of the concept of family care in materials and journal articles through surveys in the Pubmed, Lilacs, and Capes Portal databases using the following descriptors obtained in Decs: Senior/Elder; Elder’s Health/Health Services for Elderly People; Caregivers; Family; Family Relationships/Family Relations, and Concept/Concept Formation.

It is worth noting that for the determination of the critical or essential attributes in any conceptual analysis model the identification of the elements of the concept in the literature is conducted using the technique of content analysis. Therefore, the following questions may facilitate the investigation: How does the author define the concept? Which characteristics or attributes of the concept are shown by the author? Which ideas does the author discuss about the concept?

1) The construction of a model case - drafting an example based on a real life use of the concept including its essential attributes.

2) Identification of the concept’s antecedents and consequents—it is the survey of incidents or events that happened a priori to the phenomenon (necessary for its occurrence) and a posteriori (events or situations that arise or result from the phenomenon’s presence).

3) Definition of empirical references for the essential attributes - empirical referents are categories or classes of observable phenomena that, when present, demonstrate the occurrence of the concept, and thus, enable its operational definition.

Studies show that one of the family care attributes is the reciprocity for the elderly because of his illness and weakness, demonstrating retribution and characterizing the family as the provider of aid when the exchange of roles occurs.³,⁴,²⁶,⁴²

After the description of attributes, a model case was elaborated, one limitrophe and one contradictory, which are described below.

♦ Model Case

Mr. X is 70 years old, his wife and children, after receiving and understanding the diagnosis of Alzheimer’s dementia, spontaneously sought a group of family support and organized the care for Mr. X dividing the tasks among family members. The family functionality was a determining factor in the quality of family care provided to the elderly.

♦ Limitrophe Case

Mr. Y is 75 years old, diagnosed with dementia, he was assiduous in the workshops of cognitive stimulation and nursing and medical consultations. His wife understood the disease as a natural occurrence in life. She always said that she loved him and that he was now her boy in need of care. She was not ashamed when he did something in public that was not expected, but she said that this was the disease, always dealing with the situation with joy. Although they had two
children and some grandchildren, she took her husband’s care almost alone. Sometimes, she even kept small grandchildren to support her daughter. When she needed to run errands such as going to the bank or shopping and could not take her husband, she had help from the building’s doormen where she lived. She never complained and always justified the difficulty of her children in being more involved in the care of their father.

**Contradictory Case**

Mr. Z, 72 years old and a widower, was diagnosed with dementia. He was under the care of one of his daughters, a schizophrenic, and a granddaughter who lived with them. Despite the daughter’s disease bringing some problems to the family life, she always showed in charge of the treatment of her father. She took him to medical appointments and participated in the cognitive stimulation workshops while participating in the group of caregivers. A family issue occurred, and the elderly became the responsibility of his other daughter, a physiotherapist. Initially, she took her father to participate in cognitive stimulation workshops and also participated in the workshops for elderly caregivers. We observed that the elderly began to be agitated, could not attend the workshops, and was always calling the daughter who took care of him initially. He began to show lower scores of functionality, stopped communicating, and his presence in the workshops was no longer frequent. Apparently the disease progressed because he no longer recognized people, did not speak, and could not participate in the workshops. He and the daughter failed to attend workshops, the group of caregivers, and nursing consultations.

**RESULTS**

The following antecedents to the concept of family care for the elderly were identified in the reported cases: family functionality, bonding established between the elderly and his family members, physical, cultural, and social conditions of family members; impairment of the disease over the elderly; demands of care and knowledge to develop family care.

The following consequents to the family care concept were identified with the elderly: physical, emotional, social, and financial implications for family caregivers such as overload, health problems, tension, loss of freedom, stress, depression, and others. It was also possible to identify complexity, ambivalence, and ambiguity. In addition, it was possible to identify that, in all cases, care also generated changes in the family dynamics.

**DISCUSSION**

The results show that the most important attribute of family care is its close relationship with family functionality. The higher the family functional balance, the better the quality of care. The dysfunctional shows difficulties in the organization of care leading to negative consequences including illness in the caregiver and loss in quality of care.

Studies also show that the family care for the elderly brings unfavorable feelings for the caregiver such as: helplessness, weariness, difficulty coping, and tension. In addition, the care is considered an obligation, it interferes with the caregiver’s well-being causing anxiety, stress, and overload, requiring a vocation to perform it.

Because of its complexity, family care needs effective social support in addition to Public Policies and supporting programs.

Family care is subjected to socio-cultural values. The family is the provider of aid and, facing the elderly’s need for care, the exchange of roles occurs in which it is important to emphasize that the family embraces the elderly. The elderly social network, throughout his life, with his family, influences the family care provided.

The practices of home care are eminently cultural because they consider beliefs and values that are socially constructed. We emphasized the need to recognize, within the formal health system, the socio-cultural dimension of care. It is a care that depends on the culture within the general framework, especially the culture of care that is in the family. Another aspect that favors family care is the elderly social inclusion. The elderly social network, throughout his life, with his family, influences the family care provided.

The characteristics of family care for the elderly also depend on the structure and family dynamics. The interaction that exists between the elderly and his family was characterized in this study as an antecedent to family care. Reciprocity is essential in times of family life, and it structures family care. The quality of care has a close relationship with bonds built during life. Furthermore, the type of family that is characterized by cohesion is further adapted to perform family care because the level of elderly dependency does not change the family cohesion.
The level of family functionality was considered an important antecedent in the analysis. The more impaired the family functionality, the worse the quality of life of those involved in elderly care, causing even difficulties in the family functioning pattern. When the family dynamics shows good functionality, it is observed that the lifestyle and caregiver quality of life are more steady than otherwise. 2,6,10

Studies also show that the relations involved in care possibly cause difficulties and family risk, and that, caring for a dependent elderly triggers changes in the family system, pathological revision, and dysfunctionality. 10,1,24

It was also verified that family caregivers take on this role by obligation. The daily life of caregivers is greatly modified by the caring needs. The care becomes the cause of stress due to the need for constant adjustments, and the new undertaken activities, commitments, and adaptations demanded by the performance of elderly care. Thus, the literature also stresses that it is a mandatory care, which arises from the responsibility that the family member has for the elderly. Therefore, the family care originates from determinants related to the caregiver to the elderly’s deficits, the elderly/caregiver interaction, the environment, and the demands of care. 17,22,46

The family care for the elderly is connected to the children and is predominantly in nuclear and aged families with restricted formal and informal support. Among informal sources, the figure of children was the most commonly reported followed by neighbors and friends while the formal were referred to health facilities and health professionals: doctor, nurse, physiotherapist, pharmacist, and social worker. Thus, it is a restricted care without much professional help and revolves around the children. 12,16,8,23

To continue to perform the challenge of elderly care, the bond strength with the elderly and spirituality of family members are important. 10

The subject himself being cared, in this case, the elderly, recognizes and appreciates this care. Family members perceive the physical recovery with the care in a unified way since their actions are carried out for the full recovery of the elderly. Thus, it is clear that this care demands family organization.

Another consequent observed was the burden that family care for the elderly presents and its many causes. It is a care that generates burden on all aspects, both physical and psychic and emotional.44,45 The degree of the elderly dependence negatively influences the quality of life of informal caregivers affecting the range of social relationships. It is a care that can overload and is directly linked to the level of impairment in the elderly. 38

However, the overload, whether physical, emotional, or social depends on factors such as stress and social isolation among others, that caregivers experience and not only the level of disability in the elderly. It is a care that impacts emotionally, brings isolation, and affects the health of the caregiver. 6,24,28,30,1,36

It was evident that most caregivers who take on family care are females. The physical and emotional burden on these women is reflected in their own health and social isolation. It is a care that creates emotional impact, brings isolation, and affects the health of the caregiver, especially in women. It is a care that requires constant adjustments in the life of caregivers.

There are consequences for the physical health of family caregivers such as back pain, depression, and hypertension. It is a care that creates tension, imbalance, and physical alterations. 7,24,43 Experiencing the situation of caring for an elderly with chronic and degenerative diseases is an experience that depends on the stage of the disease, family support network, and history of each family. It is a care that emotionally impacts the caregiver depending on the severity and stage of the disease. Greater emotional overload is observed in the early, and late stages of dementia. 18,44 The cognitive impairment of these elderly was a predictive factor for the overload and emotional distress of their caregivers.

The social implications charged by the family care for the elderly have also been observed as a consequence. The changes can be seen by alterations in housing, certain deprivations, lack of time, confinement to the domestic space, and financial hardship. Such conditions entail social isolation, conflict, the breakdown of family members, depression, physical and psychological stress, and impotence in the face of the situation. This situation interferes in such a way in the family that caregivers themselves have a negative perception of health, which can lead to failure in the caregiver-elderly relationship.41,45

Conversely, although there are negative impacts on the daily lives of family caregivers, at the same time many express their positive perceptions and feelings from the comforting sensation and the dignifying aspect of their lives when assuming the role of caregiver for the elderly. It is a care that, at the same
time, is impacting the family and generating positive feelings among its members. The family care for the elderly creates a great impact on the family because of the need for adjustments in the family dynamics as strategies are elaborated for the process of caring.

The care also imposes complex and ambivalent feelings on the family caregiver. It proved important to emphasize the ambiguous character of the care experience and how this aspect contributes to a more optimistic and prospective view of the care as a subject.

A study shows the high level of overload when there is a lack of support for caregivers, lack of information and preparation for the care, and the lack of instrumentalization. It concluded that it is a care that generates overload due to unpreparedness and lack of information about the performance of this care. The unpreparedness and lack of knowledge punctuate the family care. The education and supporting programs are favorable toward reducing the caregiver burden when compared to the usual care.

A good coordination between political, social, and health sectors is important to meet the demands arising from families that care for their elders, and this support should be implemented at different levels of care. The unpreparedness and lack of information and preparation for the family care creates an overload due to unpreparedness and lack of information and preparation for the family caregivers, and this support should be implemented at different levels of care. The unpreparedness and lack of information and preparation for the family care creates an overload due to unpreparedness and lack of information and preparation for the family caregivers.

The theoretical model of the family care for the elderly with its antecedents, attributes, and consequents is shown in Figure 1. The model aims to explain, from symbolic and physical views, the family care phenomenon.

Figure 1. Theoretical Model for the Family care for the elderly. Niterói, Rio de Janeiro, Brazil, 2015.

This model was developed from this study. It needs to be implemented and further developed to be effectively considered as a theoretical basis in Nursing and related disciplines.

CONCLUSION

In this study, the context of the application of the family care concept in studies developed in the nursing area of elderly health was analyzed and used for the development of a theoretical model that incorporates the elements found in the analysis. The contextualization for the study of the application of the concept was conducted from the proposed conceptual analysis. This analysis was suitable for the determination of the critical attributes and antecedents and consequents to the concept of family care.

The care for the dependent elderly overloads the family that needs the support of networks to make the care more efficient. Thus, the nurse needs to be able to evaluate the functional capacity of the elderly’s family to plan a quality nursing care. Health professionals, especially nurses, should consider this unit care for families as an integral care for the elderly to minimize the

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difficulties and dysfunctionality that occur when elders need the care of their families.

The antecedents are related to the family functionality, and the consequents are the physical, emotional, social, financial, and spiritual implications in the family care.

The concept of family care for the elderly is characterized by being ambiguous, ambivalent, and complex. Family care displays a message of homeostasis of family relationships, but also changes and destabilizes this homeostasis, and this ambiguity has a direct relationship with familiar functionality and family cohesion, stability of relationships during the existence of the elderly and his family, reciprocity that comes from interpersonal relations in the family environment where the elderly lives, and level of dependency and functional impairment of this subject.

It was possible to develop a theoretical model considering attributes, antecedents, and consequents. This model is important to support the planning of nursing care. For this, it is important that the nurse has his therapeutic objective clear, which can only be achieved with a theoretical basis in the field of nursing. Thus, the work of nurses on family care for the elderly is fundamental when using a Nursing Theoretical Model to achieve a care plan that is effective and efficient for the family and consequently for the elderly.

The nurse’s ability increases through theoretical knowledge considering that methods of caring more likely succeed if they are systematically developed according to references that can clarify possible doubts. In addition, the theory also provides professional autonomy through referential benchmarks for the professional practice, nursing education, and research activities.

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