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ORIGINAL ARTICLE

EVALUATION OF FAMILY FUNCTIONALITY OF ELDERLY

AVALIAÇÃO DA FUNCIONALIDADE FAMILIAR DE IDOSOS

EVALUACIÓN DE LA FUNCIONALIDAD FAMILIAR DE ANCIANOS

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ABSTRACT

***Objective*:** to evaluate the functionality of the family with elderly. ***Method*:** transversal study, exploratory and descriptive character, performed with 60 elderly, residents of a spanning area of a Family Health Unit/USF in the city of Jequié, Bahia/Northeast of Brazil. For the construction of the data, we used a form comprising items relating to socio demographic characteristics of elderly and the Family APGAR, which makes it possible to measure the satisfaction of the members of the family, through the assessment scale of the dynamics of family functioning. Then were analyzed by descriptive statistics, following the approval of a research project by the Ethics Committee, 207/2009 Protocol. ***Results*:** it was found more frequently in elderly females (73.3%), aged between 60 to 69 years (38.3%), not literate (83.3%); 51.6% were placed in families of functional type. ***Conclusion*:** the families are mostly functional (51.6%), being the Family APGAR a useful tool in the evaluation of family functionality. ***Descriptors*:** Family Relationships; Elderly; Personal Satisfaction.

RESUMO

***Objetivo*:** avaliar a funcionalidade da família com idoso. ***Método*:** estudo transversal, de caráter exploratório e descritivo, realizado com de 60 idosos, residentes na área de abrangência de uma Unidade de Saúde da Família/USF do município de Jequié/BA/Nordeste do Brasil. Para a construção dos dados, utilizou-se um formulário compreendendo itens relativos à caracterização sociodemográfica dos idosos e o APGAR Familiar, que possibilita mensurar a satisfação dos membros da família, por meio da escala de avaliação da dinâmica do funcionamento familiar. Em seguida, foram analisados pela estatística descritiva, depois da aprovação do projeto de pesquisa pelo Comitê de Ética, Protocolo 207/2009. ***Resultados*:** verificou-se maior frequência de idosos do sexo feminino (73,3%), com idade entre os 60 aos 69 anos (38,3%), não alfabetizados (83,3%); 51,6% estavam inseridos em famílias do tipo funcional. ***Conclusão*:** as famílias são em sua maioria funcionais (51,6%), sendo o APGAR Familiar um instrumento útil na avaliação da funcionalidade familiar de idosos. ***Descritores*:** Relações Familiares; Idoso; Satisfação Pessoal.

RESUMEN

***Objetivo*:** evaluar la funcionalidad de la familia con el anciano. ***Método*:** estudio transversal, de carácter exploratorio y descriptivo, realizado con 60 ancianos, residentes en el área que abarca una Unidad de Salud de Familia/USF del municipio de Jequié/BA/Nordeste del Brasil. Para la construcción de los datos, se utilizó un formulario conteniendo ítems relativos a la caracterización sociodemográfica de los ancianos y el APGAR Familiar, que posibilita mensurar la satisfacción de los miembros de la familia, por medio de la escala de evaluación de la dinámica del funcionamiento familiar. En seguida, fueron analizados por la estadística descriptiva, después de la aprobación del proyecto de investigación por el Comité de Ética, Protocolo 207/2009. ***Resultados*:** se verificó mayor frecuencia de ancianos del sexo femenino (73,3%), con edad entre los 60 a los 69 años (38,3%), no alfabetizados (83,3%); 51,6% estaban inseridos en familias del tipo funcional. ***Conclusión*:** las familias son en su mayoría funcionales (51,6%), siendo el APGAR Familiar un instrumento útil en la evaluación de la funcionalidad familiar del anciano. ***Descriptores*:** Relaciones Familiares; Anciano; Satisfacción personal.

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INTRODUCTION

Brazil is experiencing a significant growth of the elderly population. According to data from the Census of 2010, Brazil has 21 million people over 60 years of age and it is estimated that in 2025 there will be 32 million of elderly Brazilians.[1-2]

Aging can be characterized as a dynamic and progressive process, resulting from the interaction of physiological, biochemical, morphological psychological and social changes, which can cause decline of the functional capacity of the elderly, making it more vulnerable to diseases.[3]

The largest vulnerability and higher incidence of pathological processes can cause the decrease of the functional capacity of the elderly, which, the most of the time, implies a need for differentiated care for with the long-lived.[4] In this context, it is essential to the quality of care to reveal the role of the family of the elderly, since, by family links, is the familiar who takes responsibility, directly or indirectly, by the care of sick elderly or with self-care deficit.[5]

Families have undergone profound transformations in recent decades, as a result, they have become smaller and with a greater number of older people in its composition. The older and fragile members are living longer, which means an intergenerational family living longer. In the Brazilian context, the family represents the main source of care for the elderly, which brings about changes in family structure and functionality, in which families reorganize to meet the demands of aging. However, although the family structure more often found for elderly living in the community is the intergenerational family, there is no certainty that the families are able to assume the role of caregiver for the elderly.[6]

Functionality is how this family is able to meet and to harmonise the essential functions in an appropriate manner to the identity and the trends of families and their members, realistically for the dangers and opportunities that prevail in the social environment.[7] The family is one of the central elements in the care of the elderly. Thereby, the professionals who work in the context of the Family Health Strategy (FHS), in a singular form, the nurse, should be alert to the familiar functionality, in order to plan care directed to their demands.[8]

In order to assess the functionality of the families, it was developed in 1978, Family APGAR by Smilkstein, this was translated and validated to the Brazilian context in 2001.[9]

Recognizing the importance of the family for the elderly, studies to evaluate its functionality through the instrument Family APGAR become relevant, because once identified the factors of satisfaction and dissatisfaction related to the family of which the old is part, health professionals can intervene more effectively in that context. Therefore, the study aims to assess the functionality of the family with elderly.

METHOD

Transversal study, exploratory and descriptive character, developed together with the families with elderly people, residents of spanning area of a Family Health Unit (USF), located in a peripheral district of the city of Jequié-BA/Brazil. The USF has two ESF, and, for this study, it was chosen at random the team II.

60 people aged from 60 years were the subjects of this research, registered in ESF team II, chosen at random, with the assistance of Community Health Agents (CHA). As inclusion criteria were established the following aspects: accept voluntarily participate in the research; reside with the family and not display cognitive impairment. The assessment of the mental state of the elderly was held according to evaluation of Mini Mental State (MEEM) whose results obeyed the following points: for the elderly illiterate = 19; elderly with 1 to 3 years of education = 23; elderly with 4 to 7 years of education = 24; elderly people with schooling above 7 years = 28. [10]

For the collection of data, we used a form comprising items relating to socio demographic characteristics of older persons and the Family APGAR, which makes it possible to measure the satisfaction of the members of the family, through the assessment scale of the dynamics of family functioning. The data were collected in the period from October to December 2010.

The acronym APGAR comes from the English language and seeks to respond to these aspects: 1) Adaptation: how the resources are shared or what grade the family member satisfaction with the care received; 2) Partnership: how the decisions are shared or which is the family member satisfaction with the reciprocity of family communication in solving problems; 3) Growth: how growth promotion is shared and what is the level of satisfaction of the family member with the freedom available in the family environment;

4) Affection: how are the emotional interactions between family members and the relationship of intimacy in the family context; 5) Resolve: how time is shared and which is the family member satisfaction with this share.[10]

The gradients of responses are: always (2), a few times (1) and never (0), with a final score between 0 and 10, indicating the range of 0 to 4 as high family dysfunction; 5 to 6 as moderate family dysfunction; 7 to 10 as good family functionality. [10]

The application of the instruments was held in homes of the elderly, in isolated environment and, preferably, without the presence of family members. As the instrument treats the elderly relationship with the family, it was adopted this procedure to minimize possible bias in the responses of the subject. The data collected were organized into electronic database by typing in Excel 2003 spreadsheet, being subsequently held descriptive statistical analysis.

The study was approved by the Research Ethics Committee of the State University of the Southeast of Bahia, under Protocol No. 207/2009. It should be noted the implementation of ethical principles of autonomy, beneficence, non-maleficence and justice research in human beings, as the resolution 196/96 of the National Health Council. [11]

RESULTS AND DISCUSION

The family contributes decisively to a successful old age since it is placed as the greatest responsible for meeting the demands of the elderly. So, meet the family of the elderly is to provide subsidies for quality assistance and active ageing. [12]

There was a higher frequency of elderly female 73.3% (n = 44), which matches the results of synthesis of Social Indicators 2010[13] revealing a feminization of ageing. The predominance of elderly belonging to the female has been attributed to lower exposure to certain risk factors, especially at work, lower prevalence of smoking and alcohol use, difference regarding the attitude towards disease and disability and, finally, greater coverage of gynecological-obstetric assistance.[14]

Table 1. Socio demographic characteristics of the elderly (n = 60). Jequié-BA, 2010.

Variables of the study	n	%
Sex		
Male	16	26,6
Female	44	73,3
Age group		
60-69	23	38,3
70-79	20	33,3
80 or more	17	28,3
Marital Status		
Married	36	60,0
Widower	19	31,6
Separated	3	5,0
Single	2	3,3
Religiion		
Catholic	37	61,6
Evangelical	22	36,6
None	1	1,7
Scolarship		
Illiterate	50	83,3
1 to 4 years	10	16,6
5 years or more	-	-
Family Income in MW*		
Untill 1 SM*	30	50,0
More than 1 SM*	30	50,0
Total	**60**	**100,0**

*Minimum Wage rate at the collection period was R$ 465,00.

With respect to age group, the prevalence of elderly people aged between 60 and 69 years was verified, which was 38.3% (n = 23). This finding is in line with Brazilian standards, as demonstrated by the synthesis of Social Indicators 2010[13], in which people between 60 and 69 years have higher representativeness within the old segment.

With respect to marital status, it was observed that 60% (n = 36) of the elderly were married. As for the religion, 61.6% (n = 37) of research subjects declared themselves Catholics and 36.6% (n = 22) evangelicals.

As for the level of education, 83.3% (n = 50) were not literate. This reality can be explained as a result of which those who are 60 years and older lived at a time when access to education was restricted. It is believed that another factor that favors low scholarship in this group of elderly people is the female

predominance, since, in traditional societies, women were prevented from studying due to cultural patterns that determined that these were given the responsibility of caring for the children and the housework.[15]

In relation to family income, 50% (n = 30) of the families of the elderly live with up to 1 minimum wage and the same percentage have more than 1 minimum wage. The source of income is basically pensions or retirements, being in most cases the only source of income of the whole family.

Low income among elderly found in this study is important, since lower income may limit people's access to food and social care, with emphasis on health and education, compromising the quality of life.[16]

Table 2 presents the classification of the families of elderly investigated. According to APGAR, the families were classified into functional and dysfunctional. The results showed that 51.6% (n = 31) of the elderly were inserted into functional type families, while 48.4% (n = 29) in dysfunctional families. These 82.7% (n = 24), moderate dysfunction and 17.2% (n = 5), high dysfunction.

Table 2 Classification of the families of the elderly according to APGAR. Jequié-BA, 2010.

Familiar functionality	n	%
Functional Family	31	51,6
Dysfunctional Family	29	48,4
Total	60	100,00

The data revealed functional families in overlapping index to dysfunctional families, meaning that most of the elderly are always satisfied with the care of their demands in the dimensions assessed.

A functional family can promote the integral development of its members and promote the maintenance of favorable health states insofar as it facilitates the growth of each of its members, contributing to the satisfaction of material needs and emotional second every step of life requirements.[17] So, adequate family functionality suggests that this family is able to absorb and deal with crisis situations.

The predominance of good family functionality among the elderly was also found in other researches. A study of 93 people over 60 years of age, of both sexes, independents and participants of an adult literacy movement of an interior city of São Paulo, showed that there was a predominance of female respondents and 87.1% of the elderly showed good functionality.[18]

In a larger elderly universe, the data have tended to diverge. Study of 117 elderly dependents, home residents in a city of the interior of the Brazilian Northeast region, it was identified that 46.15% had moderate family dysfunction, while 27.35% had high family dysfunction.[19]

Functional families effectively employ its resources to solve the problems of the family group, while concerned about the emotional needs of each member. They show flexibility and alternating leadership[20]

Other 48.4% of the elderly pointed to dysfunctional families. Among these, 82.7% had moderate dysfunction and 17.2% high dysfunction. Dysfunctional families are described as those who do not fulfill their duties according to the stage of the life cycle that are and the demands that occur around them.[21] In dysfunctional families often superficial and emotional unstable links are noted associated with degrees of aggressiveness and hostility among its members.[22]

In this context, it is believed that in conditions of familiar dysfunction, families could have their ability impaired care and so would not be able to provide systematic care of the care needs of elderly loved ones, and thus, affect the quality of life of these elderly.[23] In this way, it is necessary to focus on expanded care to families of the elderly, to unveil the factors that generate dysfunction in the family unit, and, to this end, establish strategies of care that makes the family a living-healthy living for its members.

Table 3 corresponds to the dimensions of the elderly family APGAR (adaptation, partnership, growth, affection and resolutive capacity) according to the satisfaction to the family. In adaptation, 53.3% (n = 32) responded to always be satisfied; with regard to the growth dimension, 51.6% (n = 31) answered always and this dimension concerns the acceptance of family in front of the elderly's desire to start new activities or modify their lifestyle.

Table 3. Dimensions of **elderly** APGAR. Jequié-BA, 2010.

Dimensions	Always		Sometimes		Never	
	n	%	n	%	n	%
Adaptation	32	53,3	25	41,6	3	5,0
Partnership	27	45,0	29	48,3	4	6,6
Growth	31	51,6	26	43,3	3	5,0
Affection	28	46,6	29	48,3	3	5,0
Resolutive capacity	28	46,6	27	45,0	5	8,3

With regard to the resolutive capacity dimension, 46.6% (n = 28) answered always be satisfied with the way the family members are organized in order to have time to pay attention, listen and dialogue towards the elderly. In this dimension, there was a higher frequency of never responses (8.3%) when compared to the other dimensions. In this context, the level of satisfaction of the elderly with their family members as a positive factor is noted, as in three dimensions of the APGAR (adaptation, growth and resolutive capacity) the elderly responded always be satisfied, which contributes to their quality of life and well-being. It should be noted that the elderly have social family support network; this demonstrates that the family, despite all the transformations undergone, it is still a mainstay for the elderly.[24]

The partnership, which corresponds to the way in which they are discussed issues of interest and reciprocity in family communications, 48.3% (n = 29) of responses was sometimes.

The participation of the individual in matters of common interest and in solving problems is of fundamental importance for the family to be considered functional. The higher the satisfaction of this criterion, the smaller the vulnerability of the family before a crisis situation, which will ensure greater interaction between family members, and this condition protection factor structure and functioning of the family group.[25] However, even residing in the family, is often forced upon the situation of elderly listeners only, not having importance their opinions and desires. In this context, stresses the need of the elderly family participation in family decisions, because, without this kind of communication, the elderly can isolate themselves in relation to their families and society, contributing to the emergence of feelings of loneliness and exclusion.

On affectivity, 48.3% (n = 29) responded to be happy sometimes. This data showed the dissatisfaction of the elderly through the affective statements received by family members. From this perspective, one of the significant factors of balance and well-being of those who grow older is the relationship of affection that occurs in the family environment.[25] The affective link established between the elderly and their caregivers/family it is important to build a relationship of intimacy and affective ties involved can favor greater confidence.[18] So, it is necessary establishing emotional relationships between the elderly and their families in order to contribute to a healthy and harmonious family live.

Elderly care requires to nursing professionals the knowledge of the structure and functionality of the family, in order to understand its function help and intervention on the needs of its member who experiences the aging process. Therefore, the knowledge of family functionality is important for the development of home care strategies more effective, able to attend to the increasing demands of the elderly and their families, family balance, since the family support contributes significantly to the maintenance and physical and psychological integrity of the individual.

FINALS REMARKS

The analysis of the results showed a predominantly elderly population female, aged between 60 and 69 years, of low income and education.

With regard to the functionality of the elderly, the results indicated the existence of families in their majority (51.6%). As the size of the family APGAR the highest level of satisfaction of the elderly appears in three dimensions, namely: adaptation, growth and resolutive capacity. The affection and partnership achieved the highest frequencies of sometimes responses, revealing the dissatisfaction of the elderly on these dimensions.

In this context, the findings suggest the need for nursing and of all those who are involved in caring for the elderly need to develop the capacity of critical-reflective analysis on issues related to family functionality and thus being able to subsidize the development of a therapeutic project to qualify family relationships and promote improvements in the care provided to the elderly person, ensuring a health care approach of the aging process including the family context.

The present study had as limitation the limited number of elderly, making it difficult to generalize the results. As possibilities, Family APGAR proved to be a useful tool in the evaluation of elderly family functionality, being used for a more effective involvement of health professionals and, especially, the nurse of USF, by working directly with families, in order to direct the assistance to the elderly.

REFERENCES

1. Brasil. Ministério do Planejamento, Orçamento e Gestão [Internet]. Fundação Instituto Brasileiro de Geografia e Estatística (BR). Sinopse do censo demográfico 2010, 2011 [cited 2012 Feb 12]. Available from: http://www.ibge.gov.br/home/estatistica/populacao/censo2010/sinopse.pdf

2. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Ações Programáticas e Estratégicas. Atenção à saúde da pessoa idosa e envelhecimento. Brasília: Ministério da Saúde; 2010.

3. Carvalho Filho ET. Fisiologia do Envelhecimento. In: Papaléo Netto MP. Gerontologia, São Paulo: Atheneu; 2005. p. 60-70.

4. Silva MJ, Lopes MVO, Araújo MFM, Moraes GLA. Avaliação do grau de dependência nas atividades de vida diária em idosos da cidade de Fortaleza Ceará. Acta paul enferm [Internet]. 2006; Apr/June [cited 2013 Jan 05];19(2):201-6. Available from: http://www.scielo.br/pdf/ape/v19n2/a12v19n2.pdf

5. Aguiar RS. The elderly with home self-care deficit and the implications for the relative caregiver. J Nurs UFPE on line [Internet]. 2011Dec [cited 2013 Mar 24];5(10):2545-43. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/2078/pdf_735

6. Pavarini SCI, Barham EJ, Mendiondo MSZ, Filizola CLA, Petrilli Filho JF, Santos AA. Family and social vulnerability: a study with octogenarians. Rev Latino-Am Enfermagem [Internet]. 2009; May/June [cited 2013 Jan 12]; 17(3):374-9. Available from: http://www.scielo.br/pdf/rlae/v17n3/15.pdf

7. Szymanski H. Práticas educativas familiares: a família como foco de atenção psicoeducacional. Estud psicol [Internet]. 2004 May/Aug [cited 2012 Out 12];21(2):5-16. Available from: http://www.scielo.br/pdf/estpsi/v21n2/a01v21n2.pdf

8. Drulla AG, Alexandre AMC, Rubel FI, Mazza VA. A visita domiciliar como ferramenta ao cuidado familiar. Cogitare Enferm [Internet]. 2009 Oct/Dec [cited 2012 Nov 12];14(4):667-74. Available from: http://ojs.c3sl.ufpr.br/ojs2/index.php/cogitare/article/view/16380/10861

9. Duarte YAO. Família: rede de suporte ou fator estressor. A ótica de idosos e cuidadores familiares [thesis]. São Paulo (SP): Universidade de São Paulo; 2001.

10. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Envelhecimento e Saúde da pessoa idosa. Brasília: Ministério da Saúde; 2007.

11. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Resolução n°. 196, de 10 de outubro de 1996: diretrizes e normas reguladoras de pesquisa envolvendo seres humanos. Brasília: Ministério da Saúde; 1996.

12. Martins JJ, Nascimento ERP, Erdmann AL, Candemil MC, Belaver GM. O cuidado no contexto domiciliar: o discurso de idosos/familiares e profissionais. Rev enferm UERJ [Internet]. 2009 Oct/Dec [cited 2012 Dec 12];17(4):556-62. Available from: http://www.facenf.uerj.br/v17n4/v17n4a18.pdf

13. Brasil. Ministério do Planejamento, Orçamento e Gestão [Internet]. Fundação Instituto Brasileiro de Geografia e Estatística. Síntese de indicadores sociais: uma análise das condições de vida da população brasileira. Rio de Janeiro: IBGE, 2010 [cited 2012 Oct 16]. Available from: http://www.ibge.gov.br/home/estatistica/populacao/condicaodevida/indicadoresminimos/sinteseindicsociais2010/SIS_2010.pdf

14. Reis LA, Mascarenhas CHM, Costa AN, Lessa RS. Estudo das condições de saúde de idosos em tratamento no setor de neurogeriatria da Clinica Escola de Fisioterapia da Universidade Estadual do Sudoeste da Bahia. Rev baiana saúde pública [Internet]. 2007 July/Dec [cited 2012 Nov 12];31(2):324-32. Available from: http://files.bvs.br/upload/S/0100-0233/2007/v31n2/a324-332.pdf

15. Madureira VSF, Peliser SR, Beltrame V, Stamm M. Mulheres idosas falando sobre envelhecer: subsídios para a promoção da saúde. Rev Min Enferm [Internet]. 2008 Jan/Mar [cited 2012 Aug 12];12(1):17-26. Available from: http://www.enf.ufmg.br/site_novo/modules/mastop_publish/files/files_4c0e40eb1c43f.pdf

16. Maciel ACC, Guerra RO. Influência dos fatores biopsicossociais sobre a capacidade funcional de idosos residentes no nordeste do

Brasil. Rev bras epidemiol [Internet]. 2007; June [cited 2012 Aug 25]; 10(2): 179-89. Available from: http://www.scielo.br/scielo.php?pid=S1415-790X2007000200006&script=sci_arttext

17. Bernal IL. La familia en la determinación de la salud. Rev cub salud pública [Internet]. 2003 [cited 2012 Sept 25];29(1):48-51. Available from: http://bvs.sld.cu/revistas/spu/vol29_1_03/spu07103.htm

18. Pavarini SC, Tonon FL, Silva JMC, Mendiondo MZ, Baham EJ, Filizola CLA. Quem irá empurrar minha cadeira de rodas? A escolha do cuidador familiar do idoso. Rev eletr enf [Internet]. 2006 [cited 2012 Aug 12];8(3):326-35. Available from: http://www.fen.ufg.br/revista/revista8_3/pdf/v8n3a03.pdf.

19. Torres GV, Reis LA, Reis LA, Fernandes MH. Qualidade de vida e fatores associados em idosos dependentes em uma cidade do interior do Nordeste. J bras psiquiatr [Internet]. 2009 [cited 2012 Sept 12]; 58(1):39-44. Available from: http://www.scielo.br/pdf/jbpsiq/v58n1/a06v58n1.pdf

20. Sprovieri MHS, Assumpção Júnior FB. Dinâmica familiar de crianças autistas. Arq Neuro-Psiquiatr [Internet]. 2001 June [cited 2012 Nov 12];59(2):230-37. Available from: http://www.scielo.br/scielo.php?pid=S0004-282X2001000200016&script=sci_arttext

21. Cianciarullo TI, Gualda DMR, Silva GTR, Cunha ICKO. Saúde na família e na comunidade. São Paulo: Robe; 2002.

22. Cianciarullo TI. Saúde na família e na comunidade. São Paulo: Robe Editorial; 2002.

23. Silveira TM, Caldas CP, Carneiro TF. Cuidando de idosos altamente dependentes na comunidade: um estudo sobre cuidadores familiares principais. Cad Saúde Pública [Internet]. 2006 Aug [cited 2012 Nov 12];22(8):1629-38. Available from: http://www.scielo.br/scielo.php?pid=S0102-311X2006000800011&script=sci_arttext

24. Silva MJ, Bessa MEP, Oliveira AMC. Tamanho e estrutura familiar de idosos residentes em áreas periféricas de uma metrópole. Cienc enferm. 2004 June [cited 2012 Sept 18];10(1):31-9. Available from: http://www.scielo.cl/scielo.php?pid=S0717-95532004000100005&script=sci_arttext

25. Souza RF, Skubs T, Bretãs ACP. Envelhecimento e família: uma nova perspectiva para o cuidado de enfermagem. Rev bras enferm. 2007 May/June [cited 2012 Sept 18];60(3):37-45. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672007000300003

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