ABSTRACT

Objective: to understand the relations of relatives with the elderly person at home. Method: this is a qualitative, descriptive, exploratory study with 20 relatives of elderly people enrolled in a Family Health Unit. The information was collected by a semistructured Interview script. To analyze and organize the information, the Content Analysis technique was used in the Thematic Analysis modality. Results: it was observed that family relationships with the elderly are permeated by love, affection, respect, and also by conflictual relationships related to alcohol abuse, the conflict between generations and caregiver overload. Conclusion: the interaction between these individuals brings positive and negative points to the relationship between the generations. The results of this study contribute to health professionals to plan and implement contributory actions for harmonious living among those involved. Descriptors: Family; Aged; Family Relations.

RESUMO

Objetivo: compreender as relações de familiares com a pessoa idosa em domicílio. Método: estudo qualitativo, descritivo, exploratório, realizado com 20 familiares de pessoas idosas cadastradas em uma Unidade de Saúde da Família. A coleta de informações ocorreu por meio de um roteiro de entrevista semiestruturado. Para análise e organização das informações, utilizou-se a técnica de Análise de Conteúdo na modalidade Análise Temática. Resultados: observou-se que as relações familiares com a pessoa idosa são permeadas pelo amor, carinho, respeito, como também por relações conflituosas relacionadas ao uso abusivo de álcool, conflito entre gerações e sobrecarga do cuidador. Conclusão: o convívio entre esses indivíduos traz pontos positivos e negativos para a relação entre as gerações. Os resultados deste estudo contribuem para que profissionais de saúde planejem e implementem ações contributivas para o convívio harmônico entre os envolvidos. Descritores: Família; Pessoa Idosa; Relações Familiares.

RESUMEN

Objetivo: comprender las relaciones de familiares con la persona anciana en domicilio. Método: estudio cualitativo, descriptivo, exploratorio, realizado con 20 familiares de personas ancianas registradas en una Unidad de Salud de la Familia. La recolección de informaciones fue por medio de una guía de entrevista semiestructurado, para análisis y organización de las informaciones se utilizó la técnica de Análisis de Contenido en la modalidad Análisis Temático. Resultados: se observó que las relaciones familiares con la persona anciana son permeadas por el amor, cariño, respeto, y también por relaciones conflictuosas relacionadas al uso abusivo de alcohol, conflicto entre gerações y sobrecarga del cuidador. Conclusión: la convivencia entre esos individuos trae puntos positivos y negativos para la relación entre las generaciones. Los resultados de ese estudio contribuyen para que profesionales de salud planeeen e implementen acciones contributivas para el convivio harmónico entre los envueltos. Descritores: Familia; Anciano; Relaciones Familiares.
INTRODUCTION

Aging is a result of decreasing birth and death rates, reflecting scientific and technological advances related to health care.¹ Brazil has experienced rapid growth in the elderly population, reaching 12.3% of the general population in 2010 and close to 30% in 2050.²

Together with this demographic transition, there is an epidemiological transition, that is, a greater involvement of the population due to chronic non-communicable diseases, diseases that reach 75.5% of the elderly³; making these elderly people more vulnerable and needing help in activities of daily living, and to go to the health unit, for example.

In this sense, elder care policies defend that the best place for the elderly to live is at home, since the family environment favors independence, autonomy, identity, and dignity, being considered a socio-cultural space in which people usually seek to live.¹⁴

When living with their families, these elderly people are heads of the household or, in co-residence with adult children⁵, causing changes in the structure of contemporary families and favoring the conformation of these family arrangements. It is worth emphasizing that the family relationships established can be either harmonic or conflictual since it is several generations living in the same home and with different worldviews.¹⁶

This study is justified by the growing increase of the elderly population in the last decades and the few studies related to the impact of aging on the family and society.⁷ Thus, to facilitate the understanding of the family relationships originating from co-residence, it is necessary to know families and elderly people living in the same space.

The study becomes relevant as it understands the coexistence and the relation of relatives with the elderly person at home. It is believed that this will instigate health professionals, especially the nursing area, to make intergenerational families a focus of study and interventions. Thus, knowledge of the family dynamics will allow the planning of actions that will contribute to an extended assistance approach to the aging process with emphasis on the relational family context.

In this sense, the objective of this study was outlined as to understand the relationships of relatives with the elderly person at home.

METHOD

This is a qualitative, descriptive, exploratory study carried out with 20 family members who live together at home with elderly people, enrolled in a Family Health Unit (USF) in the urban area of Guanambi (BA), Brazil.

The participants were family members who lived in the same household as the elderly people and who had the ability to establish the verbal communication process during the collection. Family members under 12 years old were excluded because they did not have enough cognition to answer the questions, and relatives who twice were not found at home. They were located through the Community Health Agents (ACS)

Data collection took place from December 2015 to January 2016, through a semi-structured interview script recorded with the help of a voice recorder. The script contained one part with sociodemographic data to characterize the study participants and another part with issues related to family relationships.

For the analysis and organization of the data obtained in the semi-structured interview, the Content Analysis technique was used in the Thematic Analysis modality proposed by Bardin 2016.⁸

The analysis of thematic content consists of the unit of meaning naturally freed from an analyzed text, according to criteria related to the theory used as a guide for reading. It consists of three stages: pre-analysis, material exploration, and treatment of results.⁹

The study followed the norms of resolution 466/12 of the National Health Council⁹ on research involving human beings, approved by the research ethics committee of the Federal University of the State of Bahia, under opinion n°1.239.431 and CAAE: 43623615.0.0000.5531. Participants’ names were coded with the capital letter P (participant), followed by an ordinal number (P1, P2) and relationship to the elderly person to maintain confidentiality and anonymity.

RESULTS AND DISCUSSION

Regarding the family characterization, female relatives predominated, in the age groups between 30 and 59 years old, mostly brown, married or in a stable union. In terms of educational level, incomplete primary education was highlighted, the predominant religion was Catholic and family income ranged from 3 to 4 minimum wages.
The female gender is very representative in the care of the elderly. This can be explained because historically the woman has always been responsible for the care of the children, the house and other family members who are ill, while the man’s job was to work outside the home to guarantee the family financial support.  

Despite advances in the roles assumed by women, such as the insertion of women into the labor market, women are often seen assuming the care functions within the family.  

The brown skin color was predominant, which may be related to the fact that Bahia is the Brazilian state with the largest black population, and because the study city was Bahia, consequently the participants would be a mostly black race.  

Regarding education level, it can be observed that ten of the family members had an incomplete secondary education. Low education level may directly or indirectly interfere with the care of the elderly, as the caregiver must follow diets, read package inserts, check for administration routes and medication dosages. Therefore, it is important to know the caregiver’s education, since they collect the information with the elderly person and pass it on to the health team or vice versa.  

When we checked the marital status, thirteen participants were married/stable union. This means that in addition to caring for the elderly, these relatives still cared for their children, their spouses and their household chores.  

The research also showed that nine of the relatives always resided with the elderly person. In relation to kinship, most of them were children and the family arrangements were predominantly formed by two generations.  

After analyzing the data, two thematic categories were outlined: the Harmonious relationship between family members and elderly people, and Difficulties found by family members living with the elderly person, with three subcategories: Conflict relationship related to the abusive use of alcohol by the elderly person; Intergenerational conflicts and family caregiver overload.  

Harmonious relationship between family and the elderly person  

Harmonious relationships are present in family life and favor the alliance between family members. The feelings of love, affection, and respect, dialogue, support, and unity are fundamental to understanding each other’s point of view.  

The speeches show that when the daily coexistence of family members and elderly people are based on these feelings, family relationships are shown to be harmonic, strengthening family ties.  

Affection, love, respect, good relationship of affection. The relationship is quiet (P3: great-grandchild).  

I feel very cared for her, very affectionate, she is a very good person to live with. I feel the respect that is the main thing, she is like a mother to me. I get along very well with her (P6: son-in-law).  

The speeches show that the relationship between family and the elderly person is marked by respect and affectionate exchanges of feelings, which feelings may be able to strengthen the union between the generations and establish harmonious relationships at home.  

Authors point out that in the family environment, the relationships are primarily constituted, which contributes to the elderly and family feel valued, because, regardless of age, we have affective needs. It is believed that the establishment of affective bonds arise when relationships become more intimate and proximal.  

It is emphasized that the way the family welcomes the elderly person and the way in which family relationships are established are related to the organizational structure of the family. The cultural and social context that each family builds can determine the transformations and affective intensity shared by all the members.  

Thus, family relationships are directly related to the culture and historical context in which individuals are inserted, and in general, they are linked to affectivity, solidarity, and companionship.  

The research also showed that the wisdom of the elderly person resulting from lifelong experiences is seen as a link to the harmonious family relationship. The knowledge acquired by the elderly person is passed to the younger generations, which when positively absorbed contributes to a satisfactory relationship between the family members as seen in the lines:  

With her I learnt a lot, she is good to advise (P4: granddaughter).  

Each day we learn a lot, she has a lot of experience, she also teaches us a lot (P12: grandson).  

Silva and his collaborators point out that the wisdom of the elderly person contributes to a good relationship between family members as seen in the lines:  

With her I learnt a lot, she is good to advise (P4: granddaughter).  

Each day we learn a lot, she has a lot of experience, she also teaches us a lot (P12: grandson).  

Silva and his collaborators point out that the wisdom of the elderly person contributes to a good relationship between family members as seen in the lines:  

With her I learnt a lot, she is good to advise (P4: granddaughter).  

Each day we learn a lot, she has a lot of experience, she also teaches us a lot (P12: grandson).
members and the elderly, ensuring otherness and respect among all generations in co-residence, fundamental values to the human experience.

In this way, the relationship between family members and the elderly person allows an exchange of feelings and experiences awakened throughout this relationship and strengthening the union of family members.

♦ Difficulties found by family members living with the elderly person

Intergenerational coexistence comes from harmonic relationships. However, some difficulties may also be present. Among the main difficulties, there are the changes in the life of the family members and the conflicts resulting from the disagreement between them.\(^{1,1}\) In this study, three main difficulties were identified with the respective subcategories: Conflict relationship related to the use abusive use of alcohol by the elderly person; Intergenerational conflicts and family caregiver overload.

♦ Conflict relationship related to abusive use of alcohol by the elderly person

Among the difficulties found in the coexistence with the elderly person, it was highlighted the abusive use of alcohol, which emerged as a limitation to the harmonious family relationship, as demonstrated by the following statements:

The difficulty is only in drinking. We talk not to do it, not to drink, and sometimes he is stubborn and goes and drinks and then the discussions begin (P1: daughter).

The difficulty is that today I feel terrible, I do not feel good, because of the drink. He drinks a lot, I feel angry, I feel very alone, I have no one to talk to (P10: wife).

The difficulty is that he drinks a lot, there's a problem, then the fights begin (P12: wife).

It is observed that the abusive use of alcohol interferes with the relationship of family members and the lack of dialogue and understanding become part of the daily living of these individuals. In addition, family members demonstrate anger and disappointment with the elderly person.

Alcoholism is a chronic degenerative disease characterized by the compulsive need for continued alcohol intake. In any environment and quantity, this frequent intake of alcohol has physical, psychological and social repercussions, and can lead to a more serious situation such as death if treatment for the rehabilitation of the disease is not performed.\(^{16}\)

Besides to health-related problems, abusive use of alcohol causes difficulties in family relationships, such as conflicts that result in emotional overload, making family dynamics fragile and causing family members to feel helpless.\(^{17}\)

Thus, abusive use of alcohol brings limitations to the health of the elderly as well as causes family dysfunction, since there is often a lack of dialogue and understanding, evidenced by the lack of interaction between family members and the elderly person.

In view of the consequences that abusive alcohol use causes, it becomes relevant for the Family Health Strategy teams to know the reality of the families that live with the elderly person as well as the reasons contributing to the intake of this drink, which can contribute to the rehabilitation of the elderly.

♦ Intergenerational conflicts

The intergenerational conflict was also reported as a difficulty in cohabitation and relationship with the elderly person.

The conflict she has is with my son because he is a teenager and she complains and he does not accept (P7: daughter).

Every once in a while you have the fights, some fight because my grandmother complains when I do something wrong (P17: granddaughter).

It has silly things, a grandson thing, she complains and we fight (P16: grandson).

The fact of the elderly complaining to their younger relatives precipitates conflicts. Such a fact occurs due to the difference in worldview, what is acceptable to children and grandchildren may not be for the elderly person, making family relationships sometimes disharmonious.

Family conflict occurs due to family life and its peculiarities, because we spend most of the time with the family, and therefore, the one we feel most comfortable in expressing\(^{1}\).

Scholars show that the old man who was brought up in a traditional family where the elders decide for the younger ones when faced with the current changes, in which children and grandchildren have the autonomy to make decisions of their own life, frustrating the dream of the perfect family and conflicts arise.\(^{18}\)

The presence of people of different generations, such as grandparents, grandchildren, and adolescents living in the same household is one of the main precipitating causes of conflict since individuals with distinct age groups coexist.
with different experiences, behaviors, personalitites and individual ways of observing reality.19

In this familiar environment, the elderly person is seen as the one with the greatest knowledge and a wide range of experiences, so this one feels the right to express opinions in the decisions of other generations. However, because they have different ideas, and because they understand that they already have the capacity to make decisions, the younger ones may not receive these opinions in a friendly way, creating conflicts between generations and consequent dysfunction in family dynamics and relationship.

In view of the above, authors point out that to ease intergenerational conflicts, the family relationship must be based on the understanding of each other’s point of view. The authors further assert that from the moment that several generations mature emotionally and begin to understand each other, conflicting relationships become managed in a healthy way.1

◆ Subcategory 3: Family Caregiver Overload

When living with elderly people, it is common for relatives to report the overload. From the speeches, it can be verified that the overload emerges as a difficulty for relatives who reside with the elderly person.

I feel overwhelmed (P5: Daughter).

There is always a difficulty. It’s a lot of work for me, and I also feel sick, I have my problems, I do not go anywhere (P10: Conjugate).

The difficulty is when she gets sick that I have to help her, then the overload increases, but I can handle it (P11: Son).

From the speeches, it is verified that the daily coexistence of family members with elderly people demands greater attention and care from the relatives, which causes that at some moments they feel overwhelmed, an overload that can compromise the leisure of these individuals, among other things.

The care dependence of an elderly member can threaten the balance of family dynamics, generating a psychosocial disorganization, which is usually accompanied by negative feelings that interfere with the familiar functionality.20 In this situation, the family adopts new strategies to deal with stress, which may lead to an unhealthy adjustment with negative emotional repercussions.19

Also, it is worth noting that overloading may lead to stress and intolerance by the caregiver, who, when feeling limited in his leisure activities, may bring up things that have long been stored, which may precipitate conflicts.21

Also, when such care is provided only by a family member, it must dedicate both the elderly person and the household chores, which can result in overload and isolation, compromising their social life.

Caring for elderly people requires almost exclusive dedication, which prevents them from experiencing other social and interpersonal experiences, interfering with their way of facing their own lives. Changes in social activities, family relationships and friendships are factors that limit the social life of family caregivers.22

Thus, attention should be paid to the consequences of overloading for all those involved in the process: family caregiver, elderly person, and family, because before stressful situations, with no possibility of visible change, caregivers can extrapolate the limit of reason and generate ill-treatment which can be configured in physical, verbal and indifferent assaults.13

It is reflected that the overload discussed here is capable of interfering with family relationships and coexistence. However, it can be mitigated as soon as other family members commit to sharing care activities with the primary caregiver. It is also believed that dialogue and closer links between the family and the elderly can contribute to a harmonious relationship between generations in co-residence.

CONCLUSION

The relationship between the family and the elderly person in the home brings positive and negative points for the relationship between the generations.

Bonds, respect for love and affection were contributing factors to the harmonic relationship at home. However, relationships were also conflicting due to intergenerational conflicts and abusive use of alcohol. Conflict occurs mainly due to the difference in worldview between different generations, and mutual respect in everyday coexistence is essential.

The abusive use of alcohol appeared as something of concern, since, it interferes with the family relational dynamics, as a consequence of the lack of dialogue.

It is considered that, in face of this abusive use of alcohol, it is essential that the USF team knows the reality of these families, and the reasons leading the elderly person to drink alcohol, so they can intervene, elaborating and implementing actions that will contribute...
to the rehabilitation of the elderly person and consequently for the relationships in the family environment.

Overloading was also reported by participants as a difficulty during co-residence with the elderly. However, such overload may be reduced from the time other family members commit to sharing the care offered to the elderly person.

It is believed that the results of this research will help health professionals to get close to the family and elderly people, so they can plan and implement actions to foster harmony among those involved.

The results of this study also highlight the need for Public Policies directed to family caregivers, because according to the Public Policies of the elderly, the family is the main care provider to this age group. However, there are no laws or decrees that guarantee physical, emotional and economic support to these relatives.

The limitation of the study was due to the lack of studies and articles, related to coexistence and the relation with the elderly person in the perception of relatives.

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REFERENCES


