

PERCEPTIONS OF THE ELDERLY IN PRE-DIALYSIS ABOUT THE CARE PROVIDED BY THE FAMILY¹

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ABSTRACT

This study aimed to analyze the perception of the elderly in pre-dialysis treatment about the care provided by his family. Qualitative research with ten elderly in pre-dialysis treatment followed in an outpatient clinic of uremia in southern Brazil. It was used the semi-structured interview as technical data collection and content analysis thematic modality for analysis. The results revealed that the care provided by family happens in different ways. The elderly perceive that family feels responsible and cares for him arranging ways to provide care, which may interfere their autonomy. The elderly also consider that family could offer more care if they could reorganize themselves, so the distance and other activities not harm the family's presence in old age. It concluded that family involvement is important to meet the pre-dialysis treatment of the elderly and aging needs. The effort of family keeps the contact with elderly and help in care of treatment and other demands. Nurses should encourage communication between family members, provide guidance and discuss the possibilities of family reorganization for the care and preservation of the autonomy and independence of the elderly.

Keywords: Elderly. Aging. Renal insufficiency chronic. Nursing. Family.

INTRODUCTION

In Brazil, the elderly population has higher growth rates than the other population segments (1). Concomitant to the increase in the number of elderly is increasing prevalence of chronic diseases among people over 60 years. Among these, chronic kidney disease is characterized by kidney damage and progressive loss of endocrine function, tubular and glomerular kidney asymptotically. With disease progression, happens to decreased renal function and progression to chronic renal failure (CRF) (2).

Treatment of CRF may occur through pre-dialysis (conservative) and for renal replacement therapy (SRT), which includes hemodialysis, peritoneal dialysis and renal transplantation. The pre-dialysis treatment has the purpose to

preserve renal function, preventing complications, and reduce hospitalizations, enhance the clinical profile. It also requires the control of blood pressure and protein intake of glucose and lipid levels of calcium and phosphorus, anemia, metabolic acidosis and smoking cessation (2). This treatment requires the person to change the lifestyle habits to improve their health condition.

For this process to take place, family support is critical because in fighting the disease often it must also resign and adapt their own habits in favor of family health (3). In this context, the condition of a family member other affects all, to varying degrees, since this can be seen as a system which interacts with each other (4). So the family to live with an elderly person with IRC is faced in everyday life, beyond the specific demands of the condition, also with those related to the aging process. Thus, the

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family needs to re-evaluate their knowledge and practices in the face of chronic health condition of one of its members, which can lead to changes in family dynamics(5).

Therefore, the family changes the pace and the tone of relations, when there is need to take care of this member. The care can be understood as the action to feel compassion for the sick person, engaging in the re-establishment of their health through continuous acts developed in parallel with the illness. The action of taking care requires responsibility to meet each other's needs and help endure suffering (6).

The family as a caregiver must provide comfort, support and security to the elderly member with chronic illness due to familiarity and emotional bond. Its functions in the care depend on the level of dependency that is the elderly, and this parameter will result in greater or lesser changes in family life (7). However, in general, the act of taking care requires family effort to meet the care needs of the elderly in pre-dialysis.

In this perspective, the present study was to research question: How does the elderly in pre-dialysis realize the care provided by his family? In order to answer this question has listed up the following objective: to analyze the perception of the elderly in pre-dialysis on the care provided by his family.

METHODOLOGY

This field of research is qualitative and descriptive approach. Uremia was performed in a clinic of a public teaching hospital of southern Brazil, from March to July 2013. The clinic meets annually, on average, 328 elderly patients with chronic renal failure in pre-dialysis.

The capture of the participants occurred by checking the outpatient consultations agenda in the data collection period, considering the following inclusion criteria: be 60 years or older (given on the agenda by date of birth) and have ability to communicate verbally (criterion evaluated before the medical consultation). The invitation to participate in the survey took place after the evaluation of the criteria.

The study included ten elderly in pre-dialysis. The data were collected through semi-structured

interview and stopped when the objective was achieved in quality and depth.

Data analysis was carried out through the thematic modality of content analysis as the operative proposal (8), which features two levels of interpretation. The first is the search for understanding as it covers the socio-historical context of the participants. In the second, the interpretation, in which occurs the encounter with empirical facts, it is necessary to locate the depositions sense, logic, projections and interpretations of the research object (8).

The operationalization of the interpretative phase is developed in two stages: data ordering and classification of data. The order encompasses the transcription of the speeches, the retelling of these and the organization of reports (8). The interviews were transcribed verbatim. The classification of data occurs in four stages: horizontal and exhaustive reading of the interviews, in which he noted the first impressions of the researcher, building little by little empirical categories.

The cross reading was performed through interviews cropping, grouping similar parts, wiping in fewer units of meaning their ratings and thus forming core categories. The final analysis concludes the circular motion which was the empirical to the theoretical through discussion with the literature. Finally, the report which presents search results (8).

To keep the anonymity of participants' speech, it was used the letter "I" of "elderly" and for conducting interviews following the (I1, I2, I3 ...). The study was approved by the Research Ethics Committee of the Federal University of Santa Maria in the number of Presentation Certificate for Ethics Assessment 09996912.5.0000.5346 and complied with the ethical precepts of the Resolution 196/1996 that guided the human research developed in Brazil.

RESULTS AND DISCUSSION

Regarding the characterization of elderly respondents, five were female and five were male. Age ranged between 63 and 84 years old (average age of 70,8). With respect to the time in pre-dialysis, this varied from one to 18 years (average 5,6).

With regard to housing, four elderly lived with their spouses far from their children; two with their spouses, whose house in the grounds of the residence of the children; two elderly lived alone, and the house was located in the same courtyard of the house of the children; an elderly lived with her daughter and granddaughter and an elderly lived alone, but in the same neighborhood of the family. In this study, there was predominance of elderly people who lived close to their children, which provides support and the necessary support at this stage of life. The fact of living alone may be an alternative for the elderly that aims to maintain its autonomy and independence (9). Still, the elderly living alone or with their spouse in southern Brazil has increased consumption of goods and services than those who live in the Northeast (10).

Hypertension and diabetes were the underlying conditions for the development of IRC in eight elderly, nephrolithiasis on one of them and had no definite cause. These comorbidities were: stroke, depression, kidney cancer, obesity, smoking and alcohol consumption. Thus, we can see that family and health professionals need to deal with multiple diseases that permeate the living and the treatment of the elderly with CKD.

From the analysis of the content of the speeches of the elderly, in interviews, emerged two categories: zeal, dialogue, affection: ways of being cared for by family and "I look and think I'm good": the family could care more.

Zeal, dialogue, affection: ways of being cared for by family

The elderly perceive the care provided by the family through the dedication and assistance in enabling the necessary treatment, providing resources to enable access to services health and committing to care.

When I interned here {hospital} I was 14 days with infection in isolation, had no remedies, hence my daughter came and put on justice for the Government to give the medication.(I9)

I was relaxing, but now I think I'll lose again. I said to my companion: I'm going to get that belly and she said we are going to take better care. The food, her controlling, she says: "you're not going to eat," she won't let me set off eating.(I4)

The sense of family responsibility towards the elderly stems from the desire to keep it in good health and fears that his health problem from getting worse. Family support can change the attitude of self-care of the elderly when moved by a sense of solidarity.

Old age and sickness are elements that threaten the integrity of the person, considered the most extreme situations of vulnerability. This makes other people protect themselves in front of the world, through the awareness of the presence and the search for formulas to face them (6).

Patients in pre-dialysis consider the personal and instrumental support from health professionals and family members as key factors in making decisions in difficult circumstances(11). The support has a direct and positive effect on the autonomy of the elderly, the main motivation for them to adopt appropriate behavior to pre-dialysis needs (12).

After the onset of illness status of the elderly, the help of some family members seems to stand to carry out measures to promote changes in their routines. The changes demanded by the pre-dialysis are evidenced by the reorganization of family schedules, aimed at preparing the food, performing household activities and control medications. These changes aim to facilitate compliance with care and reduce the elderly efforts for some routine activities.

My wife helps me in care, in home care, medicine, those businesses that way she does when she's not working. When she is working, she keeps food ready and the insulin into the syringe. She helps me in everything in the House, pack the House, the food.(I6)

My granddaughter is picky with me. She searches the internet what can and what cannot, and give me these things. My husband already purchase separately for it. No problem, because I don't eat white bread, but he buys for him and we eat together {food is distinct, but occurs at the same time and location}. My husband always helps me in everything, in the same clothes, I don't put the hand, and he puts on the machine, extends, turns, it passes a cloth in the house [...].(I10)

The family member takes care without limits of functions, which can happen by bonding and greater intimacy he has with the elderly. Not all seniors lived with the family member who was responsible for the care, revealing that even the

family not staying near the old, he can arrange care during his absence.

The illness caused by changes does not occur necessarily in the same way for all family members. Some may react more quickly, which allows therefore they begin to change settings for a ripple effect throughout the household system (4). From this, you can infer that the nurses must respect the pace of care of every family and every person, making interventions when there is impairment in quality of care to the elderly in pre-dialysis.

As the family is organized with care, the elderly perceive the zeal that she has for him. The demonstration of concern occurs by sharing impressions, feelings and health conditions of the elderly, as well as their needs.

My son-in-law is good for me, so he's always asking, "Grandma, you okay?" I answer: "I'm fine." They are very dear to me, without a doubt! They do everything for me, all of them. We talk, I and my daughters and my grandchildren. I have a grandson who tells me: "I love you Grandma!" (I1)

As my family helps me is enough, they take care of me as you go. They handle well, thank God! If you don't have money to buy the medicine, I'm never without, or I ask for them or they are always asking. Now on mother's day my son came and asked: "How's mom? What do you need?" (I9)

The way the family is involved with the elderly is the result of commitment and feelings of affection and unity between them, aiming at the welfare and care of the other. These manifestations result also the need to find some way, a solution to a problem.

The pattern of family communication, which is transmitted from generation to generation, is one of the factors responsible for maintaining the family system as it involves defining the problem experienced, the actions to be developed and the performance of roles and responsibilities (13). In this regard, it highlights the importance of nurses to encourage dialogue between members of the family, given that the communication acts as facilitator of care provided by it to the elderly.

The care provided by the family is perceived by the elderly as a response to relationships with family and attitudes cultivated through life, whether positive or negative.

I think the way my family helps me, as they see my problem. I get on well with the family, so they won't want the bad father. Between my kids there's no discrimination. I went to my house a little better only after my children formed. Who makes the kids are bad with their parents are their parents, who don't give a good creation. So, the day is not going to be alone.(I9)

My brothers and children visit me in years. My family is so difficult to visit and I am also so, because when I walked right {before submitting vascular problems}, wouldn't in their house.(I6)

The elderly care happens as a retribution for actions practiced by him in the past, in addition to feelings of gratitude, love and satisfaction in returning the care given to family for the experience of the caregiver (14). So they have the sense of reciprocity in fulfilling the role of caregiver during old age.

The elderly considers that care provided by family sometimes can exceed the limits and in a way invade your decision space. In these cases, it may interfere with the autonomy of the elderly, being seen as excessive and even overprotective.

I'm treated well, too much, it's too much! Until the bread slices and she puts in a little saucer jelly, passes and the milk in the cup. It's a gooey, it's too much! I followed to the House of another daughter, I always go where they want, but I like being in my corner.(I1)

My kids are always around. The son is sicker than my daughter, because any problem he gets on my back: Oh, Dad doesn't do that, don't do that, but that's how I'm living.(I4)

My husband told me: "Why were you washing the bathroom?" But I was feeling well. I had a day in the week I did housecleaning, but now they won't let me more! (I8)

Most of the study participants aged, had their functional capacity preserved, however, intended to protect them, their families end up canceling or restricting the initiatives and preferences of the elderly, affecting the autonomy and independence of them.

The experience of chronic illness relates generally to the reduction of freedom, because one realizes that has limits and must adapt to a new way of life, that is, causes a change in the free will of human beings (6). However, even for the elderly in a fragile situation, as far as

possible, their autonomy should be respected and encouraged, as it has positive impact on care, since it is guaranteed the right to exercise its self-government (15). Thus, it is understood that preserving the autonomy is a way of ensuring dignity in their daily routines.

It is considered important the nurse dialogue with the elderly and their families about the care for the treatment of IRC and functional limitations that aging may impose, in order to facilitate the understanding of the family about the importance of maintaining and fostering the autonomy of the elderly. Allow the elderly to make decisions and perform tasks that provide him pleasure, influences self-esteem and how he faces life with their health condition.

"They look at me and think I'm good": the family could care more

The elderly respondents reported that there are still demands to be met to improve the quality of care offered by the family.

I think they don't even know the severity {IRC}, because they look at me and think I'm right. My daughter helps me, makes the services of the House, making food and stuff, but she didn't take very {feed preparation} she thinks she's doing well. I always come alone in queries, mother-in-law and son work, and the daughter and my grandson, so there's no one to come to me. (I5)

I think if my kids came to my house more often would be good. But I know that weekend and they want to stay in their place and rest. So I'm not going to require more, not to provide more activities for them, more occupation with me, I don't want that, don't want to be a nuisance [...] {cry}. (I10)

In fact, I depend on my companion, because the others are grown men, work and everything. Yes, life is like that, people have to do as you can, can't depend on a lot of others, because my kids don't come to see me. (I6)

When living with the family is weakened, the elderly tend to have lack of affection, feeling like an extra concern for the family. This condition could be offset by the interest of the family to know what's going on with the elderly, coupled with a change in attitude and family commitment. Even the elderly needing no care covering the activities of daily living, it is important that the family keep the coexistence, dialogue and the sharing and socialization

problems of daily accomplishments to make him feel like a member of the family unit, to give and receive attention, not only as the person receiving family care.

In the old perspective, the family has, in general, a relative who becomes responsible for their care. This is due to the perception of commitment and reciprocity and obligation to care for the elderly. This caregiver is organized and can provide the care required by aging and by the pre-dialysis. However, the presence of only one person to assist in the care factor of concern is the elderly who sees old age as a lonely path (4). Thus, it is necessary that the family are understood much more than partners, but as a unit of care they need to use social and health services for elderly care (16).

However, the elderly living with the family may become more limited when the children have their own families, constituting another household. Given this reality, the elderly seeks to understand the situation and justify the absence of the family in care of himself because of the occupations of its members.

As I am living is good. When they need to and I can help, I will help. It's not that I don't like them to help me, but both have families. So, because I'll be occupying them? Just enough, as well. When I think it's bad, I call them to come to my house. (I4)

I think that is good as my family helps me. My daughter, just long time, doesn't see me make a year. She has her kids, her service. (I6)

I always say that the son, after gets married, tends more to his wife's family. I think when their children get married they get committed to their family. So, I try not to intervene, I try to keep myself more in my corner. They live their lives. So I take care of myself on my own, but I [...] the other, nobody [...] {cry}. I said that at some point in everyone's life a bit off the beaten track [...] {cry}. Nobody helps me. Depends on I find myself trying to preserve a little longer this life [...]. (I10)

In the testimonies of the elderly, it appears the feeling of loneliness and helplessness experienced by them. Behind the justifications for how the family act, the elderly reveal the wish that these, especially the children, make available more time, attention and affection in coexistence with them during old age. The elderly, even wishing the presence of family,

conforms with her lonely condition, in order to avoid conflicts by the attendance requirement and care, which could cause tension and distance him further from his family.

The change in the profile of Brazilian families in recent decades is due to the entrance of women into the labor market and reducing the number of family components (17-18), which is unfavorable to the elderly when thinking about availability for care.

A study that examined how seniors interact with your family about the care, found that half of respondents feel a burden for the family when discussing their involvement in the care of the elderly. The elderly reported annoyance to addressing family health problems or ask for their involvement in the daily routine, adherence to medication and medical consultations. The fear of feeling a burden to the family was related to the desire of not wanting to complicate the busy lives of the children and the blame on the health problems it has (19).

The elderly living with family members who live far appears to be fragile, even if the degree of relatedness is of children and grandchildren.

My three children live in other cities and two of them have children, they all work. I don't know what they're doing there. It's been a while since I've seen them. My grandchildren and children, a year and a half ago, that I can't see them. Go to the capital, maybe I can visit their children who live nearby, but others live in another State [...].(17)

My son lives in the capital. So I can see he is only if he comes to visit me, because he's married, has a son and works only when on vacation. It's been a year that he's not coming [...].(16)

Distance can be a halt to family relationships. However, it is understood that in a world with many technologies, the contact between its members, even if not in person, tends to be facilitated. When family members are committed to the care they have availability, they can regroup and find ways to participate in the elder care process that experiences the illness by IRC.

The care can occur even if the family does not reside in the same physical space as forms of care differ from one family to another. Families adapt their ways to care in accordance with the

demands of the elderly, the reality and the everyday they face. The care provided can have various natures, beyond the biological aspect, provided they meet the needs of the elderly and family (20).

Nurses can encourage proximity to family members, motivating the elderly to maintain contact with their children, grandchildren, among others, seeking to overcome the difficulties inherent in family relationships. It is understood that from this initiative there is the possibility of encouraging the establishment of a reciprocal communication between elderly and family and thus strengthen and (re) build commitment to bonds, bond and affection, reducing the feeling of loneliness in old age.

FINAL NOTES

The old on pre-dialysis realizes the care provided by his family in different ways. He recognizes the sense of responsibility, concern, commitment of the family to assist him in treatment, in daily activities and other demands of aging and illness. The care offered is seen as a response to actions taken by the elderly throughout life.

Among the needs reported by the elderly, is the improvement in living with the family and the preservation of autonomy and independence. The need to keep them should be considered by families and professionals, because even when the elderly are functional capacity to perform any activity, this was often discouraged or disregarded by the family. The dependence and the inability to act autonomously can be harmful to family relationships and for following the pre-dialysis, once the elderly feel unable to care for your body to perform their preferences and live normally. Thus, it is necessary to talk to the family about the physical and cognitive limits of the elderly, sensitizing them to maintain and respect their autonomy and independence as feasible, without disregarding their chronically ill condition.

The attention to the elderly, usually by a family member who is responsible, organize and adapt their routine to take this activity. In this perspective, gives the nursing be attentive to how the elderly care in pre-dialysis is developed, aiming to avoid the overhead of this family and

ensure quality of care, encouraging the participation and the presence of other family members.

To improve the care provided by the family, nurses can address the coexistence with the elderly, the family reorganization and share knowledge about the pre-dialysis. Thus, it becomes important to involve the family in outpatient care with a view to accession and effectiveness of their treatment. Nurses should encourage communication among his members,

aiming the contact and the approach of old with his family.

This research allowed to reflecting on the family involvement in elderly care in pre-dialysis treatment to know how the elderly perceive the care provided by their families, the effort that the family has to live with the elderly and helped us with care treatment and other demands. The health system must support families who, every day, are smaller and older members with chronic diseases requiring care.

PERCEPÇÕES DO IDOSO EM TRATAMENTO PRÉ-DIALÍTICO SOBRE O CUIDADO DA FAMÍLIA

RESUMO

Este estudo objetiva analisar a percepção de idosos em tratamento pré-dialítico acerca do cuidado prestado por sua família. Investigação qualitativa realizada com dez idosos em tratamento pré-dialítico, acompanhados em um ambulatório de uremia da região sul do Brasil. Utilizou-se a entrevista semiestruturada como técnica de coleta de dados e estes foram analisados na modalidade temática da análise de conteúdo. Revelou-se que o cuidado prestado pela família acontece de diferentes formas. O idoso percebe que a família sente-se responsável e zela por ele, arranjando maneiras de prestar o cuidado, que pode interferir em sua autonomia. O idoso considera que a família poderia oferecer mais cuidados se conseguisse reorganizar-se para isso. Assim, a distância e outras atividades não prejudicariam a presença da família na velhice. Conclui-se que o envolvimento familiar é importante para atender o tratamento pré-dialítico do idoso e as necessidades do envelhecimento. O esforço empreendido pela família mantém a convivência com o idoso e auxilia nos cuidados com o tratamento e outras demandas. O enfermeiro deve incentivar a comunicação entre os membros da família, oferecer orientações e discutir as possibilidades de reorganização familiar para o cuidado e para a preservação da autonomia e independência do idoso.

Palavras-chave: Idoso. Envelhecimento. Insuficiência renal crônica. Enfermagem. Família.

LAS PERCEPCIONES DE LOS ANCIANOS EN PRE-DIÁLISIS ACERCA DE LA ATENCIÓN RECIBIDA POR LA FAMILIA

RESUMEN

Este estudio pretende analizar la percepción de los ancianos en pre-diálisis acerca de la atención recibida por su familia. Investigación cualitativa con diez ancianos en pre-diálisis seguidos en un ambulatorio de uremia en el sur de Brasil. Se utilizó una entrevista semi-estructurada como técnica de recolección de datos y análisis de contenido temático para el análisis. Los resultados revelaron que la atención proporcionada por la familia ocurre de diferentes maneras. Los ancianos perciben que la familia se siente responsable y se preocupa, encontrando formas de proporcionar la atención, que puede interferir en su autonomía. Los ancianos también asumen que la familia podría ofrecer más cuidado si fueran capaces de reorganizarse, así la distancia y otras actividades no debilitarían la presencia de la familia en la vejez. Se concluyó que la participación de la familia es importante para cumplir con el tratamiento de pre-diálisis e las necesidades del envejecimiento. El esfuerzo de la familia mantiene la convivencia con las personas mayores y ayuda en lo tratamiento y otras demandas. Enfermeras deben fomentar la comunicación entre los miembros de la familia, proporcionar orientación y discutir las posibilidades de reorganización familiar para el cuidado y preservación de la autonomía e independencia de las personas mayores.

Palabras clave: Anciano. Envejecimiento. Insuficiencia renal crónica. Enfermería. Familia.

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