



Family functionality: A study of Brazilian institutionalized elderly individuals



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ABSTRACT

This study presents an analysis of a potential association between family functionality and the variables of gender, length of institutionalization, family composition, depressive symptoms, and cognitive disorders in elderly individuals living in Long-Term Care Facilities (LTCF) in a city in the interior of São Paulo, Brazil. This is a quantitative, cross-sectional study with a descriptive-correlational design. A total of 107 institutionalized elderly individuals were interviewed. Data were analyzed through raw and adjusted Logistic Regression. The results indicate that most elderly individuals experience family dysfunction, 57% present a high level of family dysfunction, 21% present moderate family dysfunction and 22% present good family functionality. There was a statistical association between the Family APGAR and the variables of length of institutionalization, depressive symptoms, family composition and cognitive disorders.

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1. Introduction

Brazil's elderly population will more than triple in the next four decades: from less than 20 million in 2010, to approximately 65 million in 2050 (World Bank, 2011). Brazil has a high rate of population aging. According to the Brazilian Institute of Geography and Statistics, or the IBGE (Portuguese: *Instituto Brasileiro de Geografia e Estatística*), in 2010, the Brazilian population reached 190,755,799 people, of whom 20,590,599 were considered elderly (age 60 or more), corresponding to 10.8% of the Brazilian population. Another significant fact in relation to the aging of the Brazilian population was that in 2010, Brazil scored 45 on the "Aging Index". This index concerns the relationship between the number of elderly and the young population, usually expressed in terms of the number of residents aged 65 years or older per 100 residents under 15 years old (IBGE, 2010).

According to Article 230 of the Brazilian Federal Constitution, "the family, society, and the State have the duty to support elderly individuals, ensuring their participation in the community, defending their dignity and wellbeing and assuring their right to life" (Brazil Constitution, 1988). Families have experienced changes in their structure and functioning; they are currently smaller, with fewer children. The number of divorces has

increased, as has the participation of women in the job market, which has changed the social roles played by women and the traditional gender relationships; formerly, men were the "bread-winners" and women the "caregivers" (Ceberio, 2006). Hence, due to new family arrangements, the demand for new modalities of care is increasing.

The Institute of Applied Economic Research (IPEA) conducted an unprecedented census in Brazil addressing the profile of Long-Term Care Facilities (LTCF) for the elderly. This investigation was intended to verify the physical conditions, infrastructure, the services and resources available, the maintenance costs of services provided, as well as some of the characteristics of the population living in Brazilian LTCFs. The results revealed that there are about 3548 Brazilian facilities and approximately 0.5% of the Brazilian population older than 60 years of age is institutionalized (Camarano & Mello, 2010). Most are philanthropic institutions (65.2%), followed by private (28.2%) and public (6.6%) institutions. According to the author, the number of private for-profit institutions has increased (Camarano & Mello, 2010).

The role played by the Brazilian federal government in regard to institutions that care for the elderly is via the co-financing of charities, because the number of public institutions in Brazil is very small (Lebrão & Duarte, 2003). In the public sector, resources are distributed or the benefits are given based on the definition of the type and degree of dependency of the elderly. In the private sector, the activities and the provision of services are better evaluated (Beltrão, Camarano, & Mello, 2005).

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According to Camarano and Mello (2010), Brazilian institutions fill two roles. They provide shelter for the poor elderly and also promote care for the frail elderly (Camarano & Mello, 2010). Due to an aging population and the increased survival of people who experience loss of physical, cognitive and mental capacities, the Brazilian Society of Geriatrics and Gerontology (SBGG) is requiring institutions to offer something more than just shelter or residence. This means not only being integrated into a network of social assistance, but also into healthcare (Lebrão & Duarte, 2003). That is, even if long-term care institutions are not health institutions, when considering all of them in Brazil, health services are the main activities offered. Medical and physiotherapy were cited by 66% and 56% of them, respectively (Camarano & Mello, 2010).

International studies indicate that institutionalized elderly individuals are increasingly dependent and most experience difficulties in performing at least one basic activity of daily living (Commonwealth Department of Health and Aged Care, 2008; Port et al., 2001).

The level of involvement of families in the care provided to elderly individuals living in a long-term facility is an important factor influencing the well being of these individuals (Natan, 2009). Since 1987, the American government has acknowledged the involvement of families in the care provided to institutionalized elderly individuals and the Australian government has established that elderly individuals living in LTCFs should have access to their legal rights following national standards, emphasizing the fact that families can and should contribute to the independence of elderly individuals and preserve their privacy, dignity and leisure activities (Commonwealth Department of Health and Aged Care, 2008). Natan (2009) conducted a study in Israel aiming to analyze the perceptions of the families of elderly individuals living in an LTCF and also the perceptions of nurses concerning the functions each should perform within these facilities. The results show that the nursing staff believed that families should spend more time in the facility, while families believed they should be better informed about care provided to their elderly relatives living in the facility. The preservation of family bonds within Brazilian elderly long-term facilities is provided for in Article 49 of the Brazilian Elderly Statute (Brazil, 2006). Therefore, these facilities should seek to implement a care partnership with families.

Long-stay facilities can be a hallmark in family relationships and either contribute to or hinder post-institutionalization family functionality. There are functional and dysfunctional family systems. A functional family group is apt to respond to conflicts and critical situations with a certain emotional stability, while members of dysfunctional families give priority to private issues at the expense of the group and do not assume any role within the system (Falcão, 2010). A dysfunctional family's ability to care for elderly members may be impaired or they may fail to provide satisfactory systematic care to meet the needs of elderly family members (Duarte, 2001). Appropriately functional families, though, are more able to cope with their elderly family members' needs and to deal with situations of crisis (Duarte, 2001).

Evaluating the families' functionality as a therapeutic resource is an important tool to aid the care staff. This evaluation can be performed with the help of an instrument called the Family APGAR Score (Freitas and Noronha, 2010; Smilkstein, 1978). The Family APGAR Score was developed by Smilkstein in 1978. It is an instrument composed of five questions that allow the measurement of the satisfaction of family members in relation to five domains considered to be basic and the functionality of families: adaptability, partnership, growth, affection, and resolve. The Family APGAR Score was validated, translated, and adapted to the Brazilian culture by Duarte in 2001. In several Brazilian and international studies, this instrument was applied to adolescents (Castelon & Astelon, 2003; Martini et al., 2007), female victims of

violence (Tuesca & Borda, 2003) and elderly individuals (Duarte, 2001; Garrido et al., 2005; Pavarini et al., 2006; Santos, 2009).

A clinical study in Concepción, Chile, with 300 elderly enrolled in the "Adult Program del Mayor" Primary Care Units, using the Family APGAR noted that 84% of them displayed good family functioning (Mercedes et al., 2006). Similar findings were observed in a Brazilian study carried out with 93 healthy elderly in the literacy process, which evaluated the functionality of the elderly in a family literacy program. The results showed that 87.1% of the elderly had good family functioning (Pavarini et al., 2006).

Even though family functionality is a subject already addressed regarding elderly individuals, there is a gap concerning knowledge of the functionality of families of elderly individuals living in LTCF. Do elderly individuals living in Long-Term Care Facilities experience family dysfunction? Is there a relationship between these individuals' family functionality and age, gender, length of institutionalization, family composition, depressive symptoms, and cognitive disorders? This study was conducted to find answers to these questions. Therefore, potential associations were evaluated in this study between family functionality and the variables of age, gender, length of institutionalization, family composition, depressive symptoms and cognitive disorders. Our hypothesis is that elderly people who have a longer time of institutionalization, whose family composition is formed by distant members and also have depressive symptoms and are cognitively impaired, have become more dysfunctional in relation to their families. Thus, these conditions may exert a negative influence over the familial functionality of the institutionalized elderly.

2. Method

This is a quantitative and cross-sectional study with a descriptive-correlational design. The study was conducted in an LTCF for elderly individuals in a city in the interior of São Paulo, Brazil. The participants were individuals 60 years old or older and living in an LTCF. Inclusion criteria were: being 60 years old or older, living in an LTCF, reporting the existence of some relative, having no severe impairment of language or comprehension and signing a free and informed consent form.

The theoretical approach used was family systemic theory, which focuses on the family as a unit of care, itself based on "General Systemic Theory" (Wright & Leahey, 2010). A system is defined as a complex of elements in mutual interaction. Every system is composed of subsystems and they are part of a larger system or adrenal system. From the systemic point of view, the family is defined as "a group of individuals (elements) connected by strong emotional bonds with the sense of ownership and inclination to participate in the lives of one another" (Wright & Leahey, 2010). "Family members" were any individuals considered to be family in the opinion of the elderly participants (Wright, 2010). All the recommendations from Resolution 196/96, Brazilian National Council of Health concerning research involving human subjects were complied with (Brazil, 1996).

2.1. Participants

Of the 225 elderly residents at the institutions analyzed 118 subjects who did not meet the inclusion criteria were excluded, thus a total of 107 people over 60 years were subjects of this study. Most of the 118 subjects or individuals were excluded from the study because of severe speech or comprehension impairment, which could jeopardize the reliability of their interviews. Table 1 presents the participants' characteristics. Most (61%) of the 107 institutionalized individuals were women, older than 74 years of age (60%), illiterate (46%), widowed (45%), Caucasian (93%), and Catholic (87%).

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