

A família no cuidado ao idoso após o acidente por quedas¹

The family in the care process of an elderly after a fall accident

La familia en el cuidado a personas mayores tras accidente por caídas

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Como citar este artigo:

Pereira-Llano PM; dos Santos F; Rodrigues MCT; et al. The family in the care process of an elderly after a fall accident. 2016 jul/set; 8(3):4717-4724. DOI: <http://dx.doi.org/10.9789/2175-5361.2016.v8i3.4717-4724>

ABSTRACT

Objective: it aims at knowing elderly family care after fall accidents. **Method:** qualitative approach and ecologic insertion method, based on Ecologic Theory of Systems. **Results:** it has been identified that the family plays an important role in the recovery of impaired elderly, once it offers affective support, necessary for the development of this group. The vicissitudes suffered by the elderly - in this case fall accidents - bring the families together, promoting a restructuration of family bounds and of the activities developed by each member of this core. **Conclusion:** getting to know family care devoted to elderly after fall accidents elucidates tools helping health professionals to orientate their attention beyond these individuals, trying to understand family functioning as an essential component for service planning towards therapeutic success.

Descriptors: elderly; slip and fall accident; family.

¹ This article was prepared from the master's thesis of PPGEnf-UFPel-2011 on: *rede social no cuidado ao idoso após acidentes por quedas: uma abordagem bioecológica para a enfermagem* (Social network in elderly care after accidents from falls: a bio-ecological approach to nursing).

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RESUMO

Objetivo: conhecer o cuidado familiar dedicado ao idoso após o acidente por quedas. **Método:** abordagem qualitativa e o método utilizado foi inserção ecológica, fundamentada na Teoria dos Sistemas Ecológicos.

Resultados: identificou-se que a família executa um importante papel para recuperação do idoso fragilizado, sendo que ela oferece suporte afetivo necessário para o desenvolvimento desse grupo. As intercorrências que acometem os idosos - nesse caso o acidente por quedas - fazem com que as famílias se aproximem, promovendo, assim, uma reestruturação do vínculo familiar e das atividades desenvolvidas por cada membro constituinte desse núcleo. **Conclusão:** conclui-se que conhecer o cuidado familiar dedicado ao idoso após acidente por queda instrumentaliza e auxilia os profissionais de saúde a direcionarem seu olhar para além dos indivíduos, buscando compreender a funcionalidade familiar como um componente essencial do planejamento assistencial para o alcance do sucesso terapêutico.

Descritores: idoso; acidentes por quedas; família.

RESUMÉN

Objetivo: conocer el cuidado familiar dedicado al mayor tras el accidente por caídas. **Método:** enfoque cualitativo y el método de la inserción ecológica fundamentada en la teoría de los sistemas ecológicos. **Resultados:** se identificó que la familia ejecuta un importante rol para la recuperación del mayor debilitado, por lo que ofrece soporte afectivo necesario para el desarrollo de ese grupo. Las complicaciones que acometen al mayor, en ese caso, el accidente por caídas, hacen con que las familias se aproximen, promoviendo una reestructuración del vínculo familiar. **Conclusión:** se concluye que conocer el cuidado familiar dedicado al mayor, tras accidente por caída instrumentaliza y auxilia a los profesionales de la salud a direccionar su mirada más allá de los individuos, en la búsqueda por entender la funcionalidad familiar como componente esencial del planeamiento asistencial para el alcance del suceso terapéutico.

Descriptor: idoso; accidente por caídas; familia.

INTRODUCTION

Population ageing is seen as a great triumph of humanity and at the same time as a challenge, since this population aspires quality of life and a healthy ageing.¹ Although age is not synonymous to disease, there is an association between aging and the degree of dependence. Thus, aging is associated with the idea of greater fragility and vulnerability.²

In Brazil, it is estimated that there are currently about 17.6 million elderly people, and this population will grow 16 times by 2025, ranking sixth in the world ranking regarding the elderly population.³

With the increasing life expectancy of this age group there is a preoccupation with one of the main incapacitating events for a healthy living: the falls. Faced with this problem, the family emerges as caretaker elders in the health-disease process.

Functional limitations that affect the elderly after a fall accident imply the need for constant care, which is usually provided by family and community, and have the home as natural sociocultural space.⁴

Changes after falls may cause a pathological condition that requires care for the elderly, against which strategies should be rethought to create opportunities towards a more active lifestyle and healthy aging. In this perspective, the family emerges as a support for the elderly in aging, assisting in the changes generated by this process through emotional, practical, material and / or financial support, which constitutes a key link in the process of healthy living.

Family is understood as a social system composed of two or more people that coexist within the context of some mutual affection expectations, mutual accountability and temporary duration and is characterized by commitment and joint decision-making and sharing of goals.⁵

Family plays a key role, because it strengthens the relationships, thus promoting a healthy and harmonious environment between people, even though often having difficulties to accept and understand the aging of its components.

The elderly care is usually done by the family caregiver. This can be defined as a family member or related to it. The care provided by family caregivers to dependent elderly is an activity that leads to important changes in the daily lives of these caregivers, and these changes can lead to physical, emotional or social burden.⁶

Families that take care are supported by a network of spontaneous social relationships and mobilized resources that are beyond immediate circumstances and serve as types of assistance in times of need and crisis; this network is a valuable resource and often the main source of help to poor families.⁷ Taking into account the statistical data related to the increase in the elderly population and the high risk of falls - which makes elderly dependent, less autonomous and with a lower quality of life - the family is the main tool to support the elderly in the process of coping with changes of aging, whether they are accidents and/or diseases.

Therefore, the purpose of this article is to understand the family care dedicated to the elderly after fall accidents.

METHODS

This study has a qualitative approach. The method used was ecologic insertion method, and is based on the Ecological Systems Theory.⁸

Participants of the study are two elderly patients with injuries caused by falls, with some traumatic consequence, met in traumatology service of a large institution in the south region of Rio Grande do Sul state.

Data collection was performed in the residence of the subjects and these were found by a previous survey in medical records of the traumatology service of a large hospital in the southern Rio Grande do Sul state.

For the best development of the study and achievement of objectives, the subjects were chosen according to the following inclusion criteria: being elderly affected by fall

accident, with some traumatic consequence in lower limbs, living in the urban area of Pelotas/RS.

The research project was approved by the Research Ethics Committee of UFPel under the opinion number 173/2010. This study respected the ethical principles and the participants signed the Informed Consent Form (ICF). To guarantee anonymity, the subject was identified by codenames and ages.

Data collection was conducted from January 2011 to April 2011, when the researcher entered the residence of the subjects through regular visits in order to create a bond with them, aiming at a greater effectiveness of the study.

The method used for data collection was the ecologic insertion method, and the technique used was the semi-structured interview, which was recorded and after transcribed in full. During the visits, a genogram and ecomap were also built and validated with the family, and it was held a simple observation and field diaries on the subject's daily life.

The ecologic insertion was built and systemized from some criteria: engagement of the researcher in the residence of the subject in which the progressive research tool was applied according to its complexity, regular time of interaction and reciprocal interaction between the interviewer and the subject in their environment.⁹

Data were analyzed according to the thematic analysis¹⁰ and the genogram and eco-map were developed using GenoPro software, which enabled the graphic display of the instrument.

Presentation of the elderly and their families

Raul, 63, Catholic, incomplete elementary school, married. From the first marriage he had two sons and an adopted daughter and from the second marriage/stable union he had two daughters. He used to work as a truck driver and is currently retired, with an income of a minimum wage. He currently lives with his wife, the youngest daughter and a granddaughter, the latter being the person who stays with him while his wife is working.

His social support network is made up of family, friends, neighbors, health services (Emergency Services and Traumatology, SAMU) and health professionals.

Helena, 87, Jehovah's Witness, illiterate, widowed, had seven children. She used to work in agriculture and is currently retired with an income of a minimum wage. She now lives in a house in the courtyard of the house where her son, daughter-in-law and grandchildren live.

Her social support network is made up of family, friends, neighbors, health services (Mobile Emergency Service, Municipal Emergency Service of Pelotas, Traumatology) and health professionals.

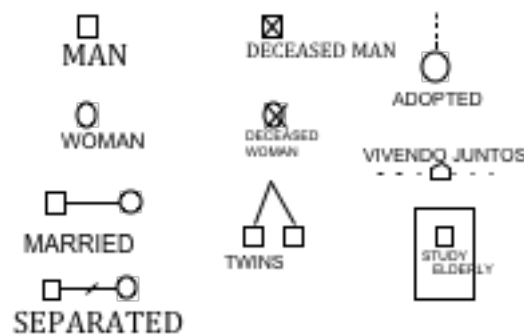
In order to know the families of the elderly after the fall accident, as well as the emotional bonds, an ecomap and a genogram were built, based in Calgary Family Assessment

Model (CFAM) to facilitate understanding of the family structure and dynamics in an attempt to understand the impact and ways of coping that situation in the family cycle.

The CFAM is a multidimensional structure and comprises three main categories: structural category, development category and functional category.¹¹

The ecomaps of the elderly of this study are presented below.

Figure 1: Genogram legend



Vivendo juntos = living together

Figure 2: Raul's genogram

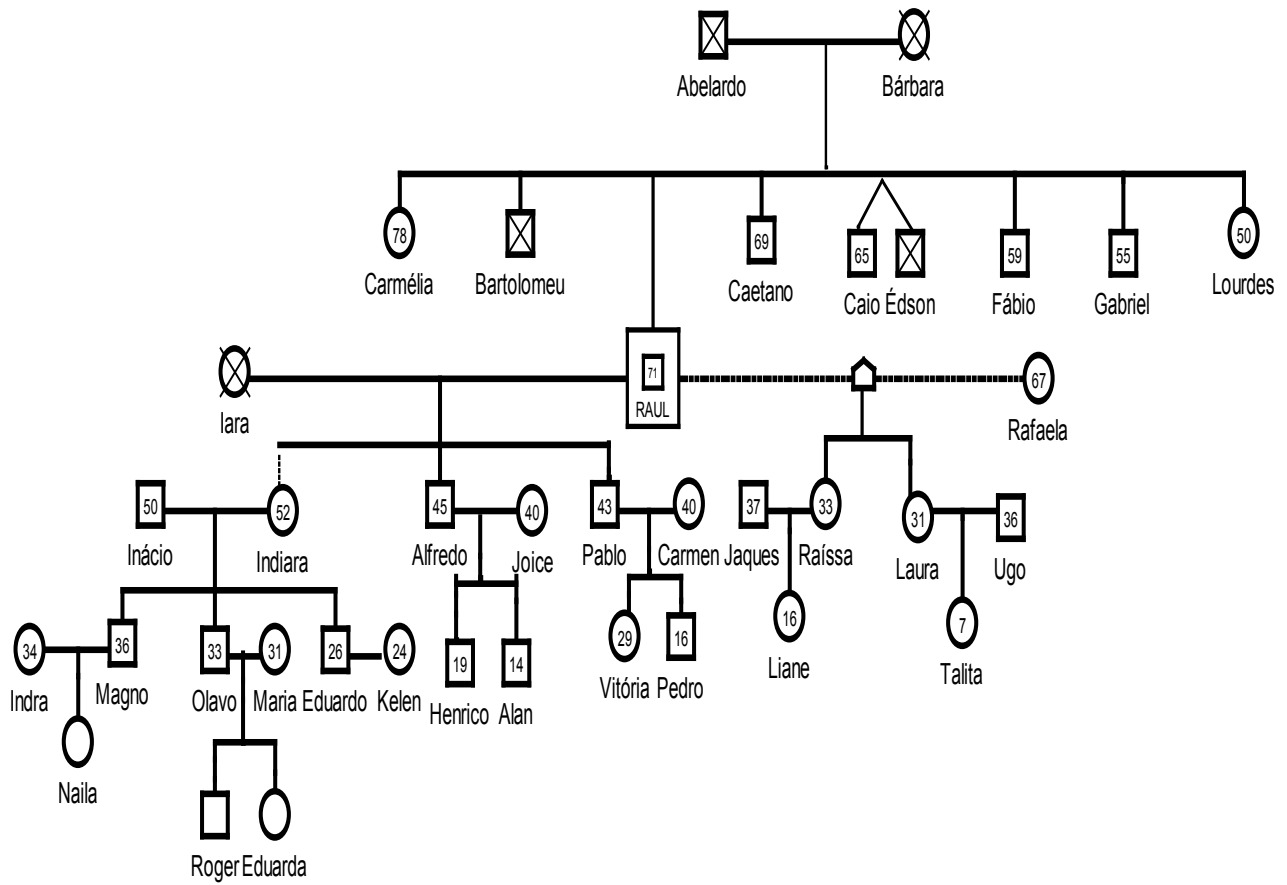
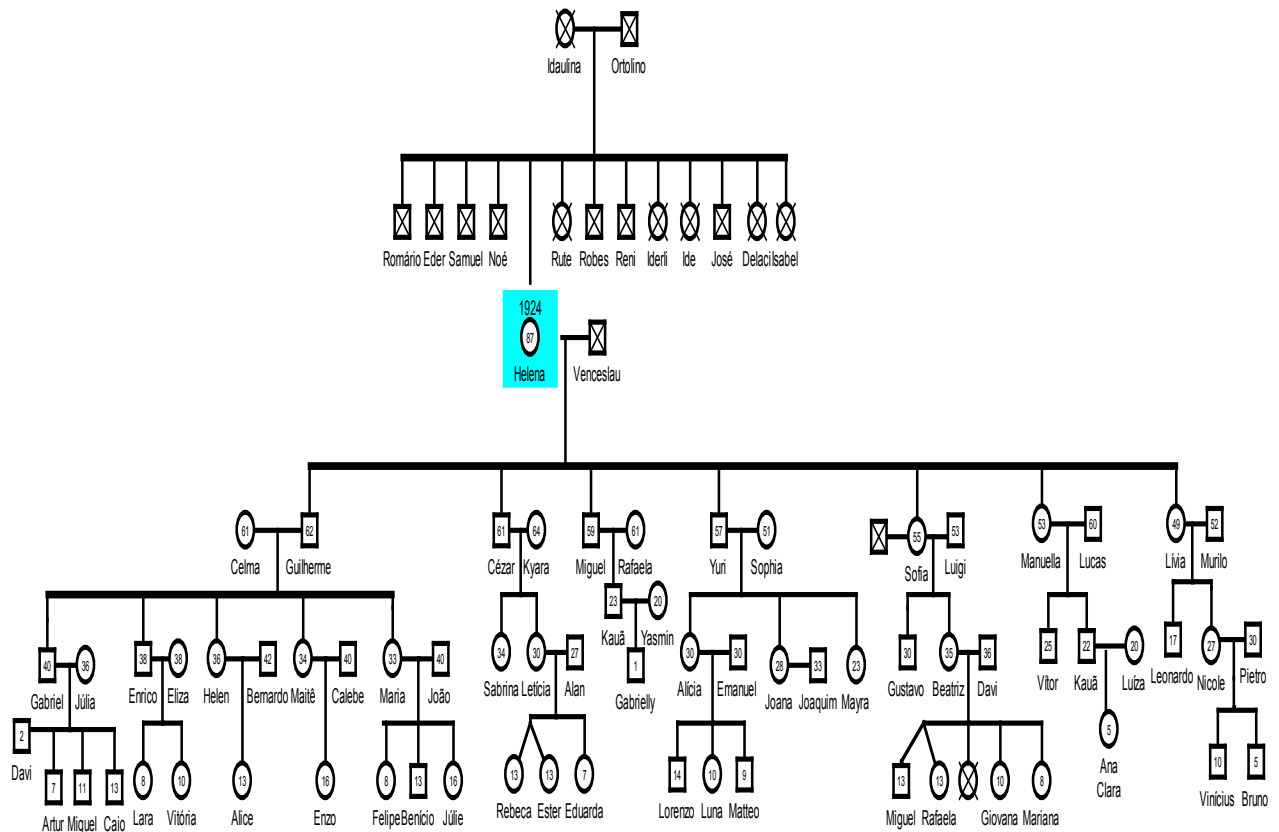


Figure 3: Helena's genogram



RESULTS

The family as a source of support and care for the elderly after a fall accident.

By analyzing the interview, authors identified that the family performs an important role in recovery of the frail elderly, and it offers emotional support necessary for the development of this group.

The family is always important, they are friends indeed. I get along with all my family, we are united. On the daily routine, it is me and her [wife], the daughter and the granddaughter. (Raul, 63)

Look, I am living with my family, all of them, because one day someone comes and the other day another person comes, and they are always around me, always helping me. (Helena, 87)

The interaction between generations bridges the gap between the age differences, enhances the transmission of cultural values and promotes the value of all ages. Young people who learn from older people have more positive and realistic attitudes about the older generation.³

My wife, she is always with me, when I miss something I talk to her, always. (Raul, 63)

I have more contact with my children and I have this daughter-in-law who lives there, she is like a mother to me, she always runs to help me. (Helena, 83)

Family is a group of individuals linked by a deep emotional connection and a sense of belonging to the group, which guarantees a person is a part of it.¹¹

The patient is a family component, and the family is vital for the recovery of the patient's health. So, when one of its members is affected by a disease, the family provides physical and emotional resources and a support system so necessary at this time.¹²

In contrast, there are negative linkages in Raul's family core, which are reflected in the following lines:

What disturbs me the most, often gets me worried are these family members, which are my daughter [...] there was an argument and my daughter and a son-in-law moved apart, they were not speaking to me, but now we are talking with each other again (Raul, 63).

[...] my granddaughter avoids talking to me, she has nothing to do with the problem, but she does not shake my hand, she does not kiss me, but there will come a day when she will change (Raul, 63).

The increase in the elderly's dependence after the fall may have important implications for their family because the consequences of falls include not only the elderly who fall, but also their family. So, there is a reorganization in the routine of this family to adapt to the reality that appears, aiming at a better quality of life for the elderly and the family.¹³

The elderly, when asked about the help received after a fall accident, refer that in most cases the help of other family members is restricted to some specific situations:

The crutch, my daughter managed to get it and my cousin got a pair of big crutches (Raul, 63).

This walker, my daughter-in-law here got in the Angelus Paz for me to walk, I had a lot of help (Helena, 83).

It is necessary in certain situations to review how this elderly built their relationships with their family in the past to understand the relationships in the present, because the fact of being dependent is not enough to rebuild family ties. However, when this relationship between the family and the elderly is characterized by a strong affection, this kind of relationship fosters the desire to assist the elderly in the caregiver.¹⁴

The elderly are source of help to families and have capacity to live alone or only with their spouses, which has made it possible to redefine their position, negotiation skills and participation in active life of families.¹⁵ The speech below shows the elderly's capacity, even with his limitations, of receiving and giving financial support to his wife, strengthening family support in the rehabilitation process.

The financial aspect is only me and my wife, when I need I turn to her, she works, and when she needs she turns to me (Raul, 63).

Another important aspect is the fact that older people need help to perform simple tasks inside and outside the home, as can be seen below.

When showering, I used to sit in a chair and she helped me, but not now, now she puts the chair and I sit, she washes me, then I grab the chair. [...] After the fall, they will not let me do anything, sometimes it bothers me because she does everything and I cannot do anything, and she does not stop. (Raul, 63)

This daughter-in-law who lives here gives me a bath every day and stays near me [...] I sit in a chair and she gives me a bath, soaps me, throws water, washes the head, makes everything. (Heloisa, 83)

The reported activities that suffered most depreciation were: lying down and getting up from bed, walking on a flat surface, bathing, walking out of the house, taking care of finances, cutting toenails, shopping, using public transportation and climbing stairs.¹⁶

DISCUSSION

After a fall of an elderly, it is clear that the family plays a key role for the well-being of the frail elderly, and provides emotional support to cope with the constraints generated by the event. In addition, the family care provides to the elderly personal fulfillment, social inclusion and healthy aging.

The events that affect the elderly in cases of accidents caused by falls make the family come closer, thereby promoting a restructuration of family ties and of the activities performed by each member of that core. Therefore, the family is a major source of support to the vulnerable family member and is placed as the main responsible for meeting the social and health demands of the elderly. Any change in family structure brings consequences in the care provided to the elderly.

Another important aspect is the fact that the elderly who have suffered a fall accident had difficulties in performing simple tasks inside and outside the home, such as taking care of finances, preparing meals, house cleaning, bathing and moving from a room to another. This was observed in the speeches of the elderly and points to the importance of having a close and trustworthy family member to help them accomplish these tasks.

Corroborating the findings of this study, a research assessing the perception of the elderly about changes in instrumental activities of daily living (IADL) after accident by fall shows that the elderly and their family encountered difficulties and dependence to perform these tasks.

Another study evaluating the profile of the caregiver family of elderly patients revealed that 64.6% of family members provided care in full to the elderly, spending daily 5 hours of direct care in activities of daily living.⁴

The contact with the elderly who had suffered accident by falling and as a result developed limitations can trigger moments with a higher degree of difficulty for the family and also for the elderly, because every human being - with their complexity and subjectivity - deals with limitations in a different and unique way. So, it is important to emphasize that the role of the family, as a supporter in the daily activities of the elderly, is of great importance for their recovery and rehabilitation, providing strength and courage to deal with their health condition, as well as to adhere to the proposed therapy.

CONCLUSION

After accidents from falls, elderly's families are a source of support for their physical and emotional rehabilitation, and provide them with material, financial and emotional support during the treatment period. Therefore, these families need monitoring from health teams that meet the care provided to the elderly and assist them to develop this function.

Knowing the family care dedicated to the elderly after a fall accident gives tools and assists health professionals to orientate their attention beyond these individuals, trying to understand family functioning as an essential component of service planning to achieve therapeutic success.

In this context, nursing professionals must be prepared to meet this population demand, since their role regarding the elderly, and especially after fall accidents, is not restricted to assist the complications arising from the fall, involving the offer of emotional support to this old person and their family as well.

Therefore, there must be investment in professionals with a broader vision, working with the elderly and their context and having the family support in their rehabilitation. There is also need for more studies with this population in order to provide strategies that offer support to the care needs of the elderly and their family.

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Received on: 15/03/2013

Required for review: 11/03/2015

Approved on: 08/01/2016

Published on: 15/07/2016

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