PREPARATION OF THE FAMILY CAREGIVER OF THE ELDERLY WITH HIP FRACTURE

Preparação do familiar cuidador da pessoa idosa com fratura proximal do fémur

Preparación del cuidador familiar del anciano con fractura de cadera

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ABSTRACT

Background: falls in the elderly may result in injuries, namely proximal femur fracture (PFF), which leads to surgical intervention. Most elderly people, in the postoperative period, show a compromise in the performance of activities of daily living, which requires the intervention of a family caregiver (FC). **Objectives**: to know how nurses identify FC of the elderly with PFF; to analyze nurses' perceptions of the assessment of the FC potential to provide care; to identify the process of preparing the FC for the return home. **Methodology**: exploratory qualitative study through semi-structured interviews with 21 nurses of an Orthopedics service of a hospital in Portugal. Bardin's content analysis was used to analyze the data obtained. **Results**: regarding how nurses identify the FC, the most prevalent category was "Elderly" (62%). As for the assessment of the FC potential for care, the most prevalent categories were "Informal" (38%) and "Nonexistent" (33%). In the domain of the FC preparation process, the category "Teaching" emerged. **Conclusion**: the results obtained justify the need for the existence of nursing programs to support the FC of older adults with FPF.

Keywords: aged; hip fractures; family caregiver; nursing

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RESUMO

Enquadramento: a existência de quedas na pessoa idosa pode resultar em lesões, nomeadamente, na fratura proximal do fémur (FPF), o que conduz a uma intervenção cirúrgica. A maioria dos idosos, no período pós-operatório, evidencia um compromisso na realização das atividades de vida diária, o que requer a intervenção de um familiar cuidador (FC). **Objetivos**: conhecer de que modo os enfermeiros identificam os FC do idoso com FPF; analisar a perceção dos enfermeiros sobre a avaliação do potencial dos FC para cuidar; identificar o processo de preparação do FC para o regresso a casa. **Metodologia**: estudo exploratório de natureza qualitativa através de entrevistas semiestruturadas a 21 enfermeiros de um serviço de Ortopedia de um hospital de Portugal. Utilizou-se a análise de conteúdo de Bardin, para analisar os dados obtidos. **Resultados**: relativamente à forma como os enfermeiros identificam o FC, a categoria mais prevalente foi "Idoso" (62%). Quanto à avaliação do potencial do FC para cuidar, as categorias com maior destaque foram a "Informal" (38%) e a "Inexistente" (33%). No domínio do processo de preparação do FC, emergiu a categoria "Ensino". **Conclusão**: os resultados obtidos justificam a necessidade da existência de programas de enfermagem de apoio aos FC de idosos com FPF.

Palavras-Chave: pessoa idosa; fraturas do quadril; familiar cuidador; enfermagem

RESUMEN

Marco contextual: las caídas en los ancianos pueden provocar lesiones, concretamente la fractura proximal de fémur (FPF), que da lugar a una intervención quirúrgica. La mayoría de los ancianos, en el postoperatorio, presentan un compromiso en la realización de las actividades de la vida diaria, lo que requiere la intervención de un cuidador familiar (CF). **Objetivos**: conocer cómo los enfermeros identifican a los CF de ancianos con FPF; analizar la percepción de los enfermeros sobre la evaluación del potencial de los CF para prestar cuidados; identificar el proceso de preparación del CF para el regreso a casa. **Metodología**: estudio cualitativo exploratorio mediante entrevistas semiestructuradas a 21 enfermeros de un servicio de Ortopedia de un hospital de Portugal. Se utilizó el análisis de contenido de Bardin para analizar los datos obtenidos. **Resultados**: en relación a cómo los enfermeros identifican los CF, la categoría más prevalente fue "Anciano" (62%). En cuanto a la evaluación del potencial de los CF para prestar cuidados, las categorías más destacadas fueron "Informal" (38%) e "Inexistente" (33%). En el ámbito del proceso de preparación de los CF, surgió la categoría "Enseñanza". **Conclusión**: los resultados obtenidos justifican la necesidad de la existencia de programas de enfermería para apoyar los CF de adultos mayores con FPF.

Palabras clave: anciano; fracturas de cadera; cuidador familiar; enfermería

INTRODUCTION

The quality of life of elderly people suffers a great impact with the existence of falls, which can affect the functional capacity, lead to hospitalization or even institutionalization (Fonseca et al., 2020).

It is estimated that 30% of the geriatric population falls at least once a year and that falls in the elderly are responsible for 5% of hospital admissions (Coelho et al., 2022).

Falling from one's own height is the main cause of physical injuries, namely proximal femur fractures (PFF) (Rezende et al., 2021).

These are a serious public health problem, as the number of cases is expected to increase significantly worldwide due to the aging population (Coelho et al., 2022; Rezende et al., 2021).

Decreased bone density, deterioration of neuromuscular function, and reduced functional capacity contribute to increased risk of bone fractures in the elderly (Saletti-Cuesta et al., 2018).

PFFs are complex and traumatic events that lead to functional decline, deterioration in walking ability, increased morbidity and mortality, and increased health resource utilization and costs (Amarilla-Donoso et al., 2020; Saletti-Cuesta et al., 2018).

This type of fracture contributes to the increase in hospital admissions, accounting for half of the number of elderly admissions to orthopedic services and having surgical procedure as the treatment of choice (Silva et al., 2018).

Most elderly people with PFF, when discharged from the hospital, have impaired activities of daily living, requiring support from a caregiver (Guilcher et al., 2021). Currently, changes in the Portuguese health system and the aging population have led to an increased need for family caregivers, and they have been recognized as a key element in providing care to the elderly.

Considering the issue of the family caregiver's (FC) preparation for the return home of the elderly person with PFF, it became relevant to know the nurses' perception on this issue. Thus, this study had the following aims:

To understand how nurses identify the FC of the older person with PFF; to analyze nurses' perceptions about the assessment of the FC's potential to care and identify the FC's preparation process for the return home.

FRAMEWORK / THEORETICAL FOUNDATION

We can define FC as someone who provides practical and/or emotional help on a regular, unpaid basis to another family member (Saletti-Cuesta et al., 2018).

FCs when included in nursing care have a positive influence in the functional recovery of older adults with PFF in the postoperative period (Asif et al., 2020). In fact, when the transition of the elderly with PFF from hospital to home is planned, and there is a FC, the elderly can return home earlier. FCs can contribute to the user's involvement in discharge planning, supporting and supervising the user (Lima et al., 2022). Given the importance of FCs, it becomes crucial to identify, intervene and include them in the care cycle, because in addition to the above, the literature shows that providing care can have a huge impact on the lives of FCs due to overload and other significant changes in their lives, as well as a series of challenges (Ariza-Vega et al., 2019).

Specifically, FCs of people with hip fracture expressed difficulties in adjusting to their new role, managing

stress, burden, the unknown, accessing appropriate information, and understanding the discharge planning process (Asif et al., 2020; Saletti-Cuesta et al., 2018).

Guilcher et al. (2021) also identified different expectations of FC roles: several FCs wanted to have greater participation in the decision-making process, but often felt excluded; others expressed stress due to the decision-making expectations placed on them. On the other hand, health professionals reported that FCs needed to find a balance between providing care and avoiding getting too involved. Also in this study, different expectations were found regarding what the health care system and professionals could provide and the existence of tension, especially about the time of discharge.

Although, the nurse is the ideal professional to: assess and identify early the needs of individuals and caregivers; suggest options for continuity of care and programs or services that are available in the community, according to the identified needs; include caregivers during the elderly care to teach them about the identified needs and support the elderly-caregiver binomial during the whole process, from the hospital admission to the return home (Brent et al., 2018), needs to improve communication, particularly in content and time given, consistency of information shared with FCs, facilitating experience and interactions (Guilcher et al., 2021).

Thus, these nurse skills are essential, as the literature shows that on average FCs provided care for about 39.5 hours per week during the first six months, spouses of hip fracture patients provided significantly more hours of care, female FCs were three times more likely to have relational, physical and mental problems arising from providing care during the first six months (van de Ree et al., 2018).

METHODOLOGY

A descriptive and exploratory study, of a qualitative nature, was developed with nurses working in an Orthopedics unit of a hospital in northern Portugal.

We selected 21 participants who met the following inclusion criteria: working in the Orthopedics unit for more than six months and agreeing to participate in the study. The exclusion criterion was professionals on medical leave.

The data collection technique used was a semi-structured interview, with a first part on the participants' socio-demographic characterization and a second part on the process of FC preparation for the return home. A pre-test was performed with a nursing professional to check whether the script needed improvement, which was not necessary.

Data collection was carried out between February and June 2019, by the first author of the study. The interviews were previously scheduled with each nurse according to their availability and preferably at the end of each work shift. The interviews were audio recorded and later transcribed. The average interview time was 15 minutes.

With regard to the treatment of the collected data, a content analysis was performed according to Bardin (2016), which recommends three phases: 1) pre-analysis, 2) exploration of the material and 3) treatment of results, inference and interpretation.

Thus, after conducting and transcribing the interviews in full, we proceeded to a floating reading of all of them, in order to establish the first contact with the collected data and systematize the initial ideas. Next,

we started the coding operations by cutting sentences from the interviewees, which constituted the registration units. These were analyzed in order to understand what they had in common and, from there, we defined the categories. In the third phase, the categories were grouped according to the theoretical framework. For each category, we calculated the absolute and relative frequencies for a better analysis of the results.

As for ethical considerations, authorization was requested to the Board of Directors of the Health Care Institution – North of Portugal and to the Ethics Committee of the same institution. During the study, the voluntary and informed participation of participants was always ensured. To maintain anonymity, participants were identified with "P" followed by a number (P1, P5, P8, ...).

RESULTS

The results of this study (Table 1) show that of the 21 participants, most are female (57%), married (57%), and 43% are between 36 and 45 years old.

As for the date of completion of the nursing degree course, most nurses finished the course between 2001 and 2010 (48%) and 76% had an undergraduate degree.

However, at the time of the interviews, we found out that one professional was taking a specialty course in rehabilitation nursing and two were finishing a master's degree in community nursing and a master's degree in medical-surgical nursing, respectively.

Regarding professional category, most were nurses (90%). As for the experience of these professionals, 43% had worked in the orthopedic service for less than five years.

Table 1

Socio-demographic characterization of the participants (N=21)

GENDER	**N**	**%**
Female	12	57.1
Male	9	42.9
AGE	**N**	**%**
≤25	2	9.5
26-35	4	19
36-45	9	42.9
≥46	6	28.6
MARITAL STATUS	**N**	**%**
Single	6	28.6
Married	12	57.1
Divorced	3	14.3
GRADUATION COMPLETION DATE	**N**	**%**
≤2000	8	38.1
2001-2010	10	47.6
≥2011	3	14.3
ACADEMIC/EDUCATIONAL QUALIFICATIONS	**N**	**%**
Undergraduate degree	16	76.2
Master in Rehabilitation Nursing	1	4.8
Rehabilitation Nursing Specialty	4	19
PROFESSIONAL CATEGORY	**N**	**%**
Nurse	19	90.4
Specialist Nurse	1	4.8
Nurse Manager	1	4.8
EXPERIENCE IN THE ORTHOPEDICS SERVICE	**N**	**%**

<5 years	9	42.9
5-10 years	2	9.5
11-16 years	3	14.3
≥ 17 years	7	33.3

Regarding the FC preparation process for the return home, the collected data was grouped into three thematic units: the identification of the FC, the assessment of the FC potential and the FC involvement. For each of these units, categories emerged and in some of these, subcategories. Figure 1 shows the systematization of the categorical analysis performed.

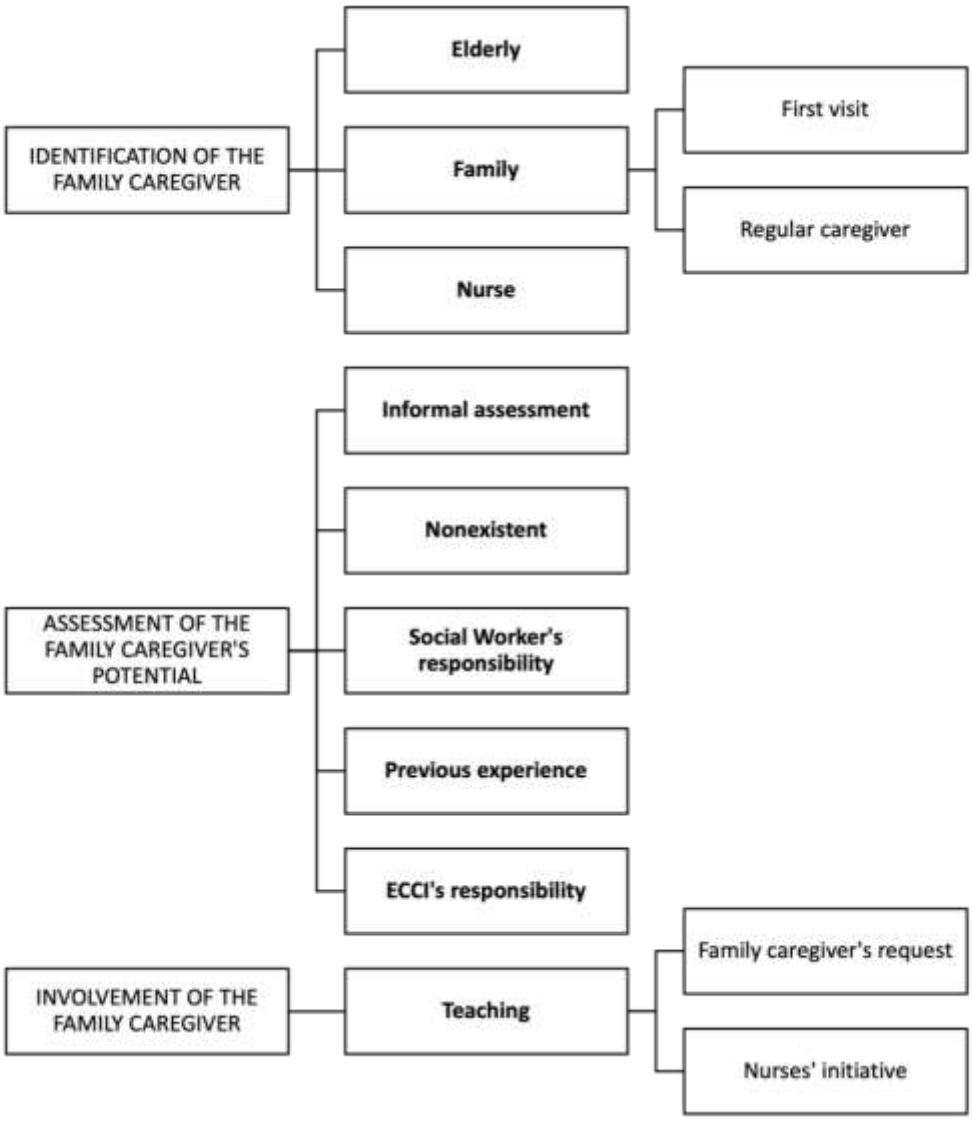

Figure 1

Systematization of the categorical analysis

Identification of the family caregiver

Regarding how the participants identified the FC of the elderly admitted with PFF, the following categories emerged: "Elderly" (62%); "Family", this one with the subcategories "First visit" (57%) and "Regular caregiver" (19%); "Nurse (10%)".

The category "Elderly" gathered most of the responses, because on admission, nursing professionals ask them about who the referral FC is, as evidenced in the narratives:

P8: *"If the patient cooperates some questions are asked about who they live with"*

P10: *"It's the patient who says."*

When the elderly person cannot or does not know how to identify the FC, the nurses state that they make this identification through "Family". This category is subdivided into "First visit" and "Regular caregiver". According to the participants, the first subcategory is related to the first visit that the elderly person has during hospitalization.

P5: *"We question the first visit the user has"*

P13: *"...or at the first visit this one receives"*

From the nurses' speech, the subcategory "Regular caregiver" is related to the fact that the elderly with PFF may already have a caregiver before hospitalization.

P12: *"...who he lives with, who usually takes care of him."*

P14: *"Or you ask the person who they live with, who takes care of them, the case of the elderly person..."*

Finally, the category "Nurse" appears in the narratives of two participants, where it is perceived that the identification of FC is done by nursing professionals.

P16: *"It's the first number that comes in front of us with a name."*

P21: *"...we have the computer means also available today that we can consult, either from the emergency episode or through the existing platform for that."*

Assessment of the family caregiver's potential

We also questioned the participants about how they evaluated the FC's potential to care for the elderly person with PFF, and the following categories emerged: "Informal assessment" (38%); "Nonexistent" (33%); "Social Worker's responsibility" (14%); "Family member's previous experience" (10%) and "ECCI's responsibility" (5%).

The category "Informal assessment" reveals that the participants evaluate FCs informally, not using any instrument for this purpose, as the speeches reveal:

P5: *"Then in the very conversations we are having on a day-to-day basis with the caregiver who takes over, we are also seeing the potential that this person has to accompany"*

P11: *"There's no formal assessment for that...it's a little bit with the clinical eye."*

The category "Nonexistent" portrays the lack of assessment, by nurses, of the FC of the person with CP. However, although participants did not perform any assessment of the FC potential, they recognized the importance of doing so.

P3: *"No, not that, I don't think so"*

P21: *"Well, I think that this is an aspect that still fails us in the service and that should be explored more, including by me and my colleagues, especially in the rehabilitation area."*

The role of the social worker is mentioned by several participants, as she is a professional who collaborates in the evaluation of FC, as seen in the statements belonging to the category "Social Worker's responsibility".

P6: *"It is with the help of the social worker..."*

P18: *"...because then the social worker going into the field is the one who does that triage."*

The category "Family member's previous experience" (10%) is mirrored by two narratives:

P15: *"I think you have to understand, if in the first place, the person was previously caring for the elderly person..."*

P19: *"From the experiences you have had before, that is, if you have had any similar or like contact or experience before..."*

The last category "ECCI's responsibility" concerns the intervention of the Integrated Continued Care Teams (*Equipa de Cuidados Continuados Integrados* – ECCI) that accompany the elderly with PFF after hospital discharge and was mentioned by one participant.

P4: *"...but if it's a patient who has ECCI support, they might be able to assess better later in a home setting, but it is difficult for us here."*

Involvement of the family caregiver

Participants were also asked about the process of preparing the return home of elderly with PFF, namely how the FCs are involved in this process. In view of the participants' answers, the category "Teaching" emerged with the subcategories "Family caregiver's request" (43%) and "Nurses' initiative" (29%).

The subcategory "Family caregiver's request" is related to FCs demonstrating the need for help in preparing for the elderly's return home and requesting the nurse's intervention.

P2: *"...only if they ask us, that they have difficulties, that they don't know how to deal with the patient, do we do that, because there is nothing defined to do in the teachings."*

P3: *"Currently you don't work the caregiver much, unless the caregiver asks you at that time of discharge, one clarification or another... and the nurse at the last, but the last of the opportunity gives some very quick teaching there..."*

The subcategory "Nurses' initiative" is related to the fact that nurses, after assessing the FC needs, take the initiative to plan and execute training practices.

P12: *"When we can and have seen that there is a need, we ask the caregiver to come in and do teachings and, if reinforcement is needed, we call the caregiver back."*

P18: *"...if the patient goes home, the service often tries to make that family caregiver minimally aware of the care to be taken at home and often program teachings with those people, if they agree."*

DISCUSSION

Regarding the sociodemographic data of the participants in this study, 57% are female, 57% are married, 76% are college graduates, and 90% belong to the professional category of nurse. Landeiro et al. (2016) found different results in the characterization of the interviewed nurses, namely, 57% were male, 50% were married, 43% were licensed and 43% belonged to the professional category nurse.

With regard to the question on how the FC is identified, the interviewed nurses mentioned that this referral is, in most of the answers, made by the elderly with PFF, followed by the family itself as the person responsible for the appointment and, in a smaller number of answers, the nurse. Machado (2017) identified the same categories as this study, however with different frequencies, since the FC was identified by the family in most answers, followed by the elderly person themselves and, finally, the nurse.

According to Nunes et al. (2018) it is often the case that a family member is named as the possible and ideal caregiver, through a family agreement or for lack of

other options, even if he or she is unaware or was not consulted for that choice. We also know that caregiver designation should be an individual process and is especially important on admission or in the first days of hospitalization of the elderly person with PFF, since this FC can provide health professionals with several important pieces of information about the elderly person, namely, the pre-fracture dependency status (Saletti-Cuesta et al., 2018).

Once a FC is duly identified, it is the nurse's responsibility to assess its needs. This assessment is extremely important, since it allows directing the entire planning of nursing interventions for this FC, based on the gaps initially identified. In this sense, the responses of the participants of this study to the question of the assessment of the FC's potential to care were diversified and grouped as follows: informal assessment, nonexistent, social worker's responsibility, family member's previous experience, and ECCI's responsibility.

Regarding informal assessment, the data obtained by Machado (2017) are in line with the present study, since the author mentions that nurses did not apply any FC assessment instruments, they only used the interview and observation.

On the other hand, the lack of assessment of the FC's potential may contribute to an unhealthy transition and the results of Asif et al. (2020) are in line with the narratives of the participants in this study, as the authors report that there is no assessment of the FC's capacity and willingness to provide care, making the discharge planning process more difficult. They also concluded that lack of information sharing by health professionals, role confusion if there are several FCs, and disorganized discharge planning are the three most common problems reported by older adults with hip fracture and their caregivers (Asif et al., 2020).

As for the responsibility of the assessment of the FC's potential being attributed to the social worker, the study of Sims-Gould et al. (2015) presents disagreements with the narratives of our participants, since, these authors concluded that the role of social workers is seen as a complement in the process of preparing the elderly person with PFF to return home and did not consider that the social worker should assess the FC's potential to care. These authors justify that in addition to social workers being seen as mediators in resolving family conflicts, they also have the ability to contact FCs to provide information about existing types of support in the community, which can be a positive contribution in the performance of the FC role (Sims-Gould et al., 2015).

Regarding the previous experience of caring for the FC, Machado (2017) agrees with the narratives of the participants of the present study, as he states that the assessment of the FC should take into account the volition, beliefs, knowledge, skills, and previous experience of this individual in performing the role of caregiver.

Finally, the assessment of the potential of the FC being the responsibility of the ECCI, as mentioned by the participants, can be understood by the fact that the ECCI is the typology of the National Integrated Continued Care Network (*Rede Nacional de Cuidados Continuados Integrados* - RNCCI) with the greatest impact (35.9%) in the provision of care to individuals. In fact, 81.2% of the referral episodes to the network have the need for education and empowerment of the client and informal caregiver as a referral indication (Administração Central do Sistema de Saúde, 2021). Of note, returning home accompanied by a rehabilitation

program is considered extremely important to ensure the success of an effective recovery in the elderly with PFF (Ortiz-Piña et al., 2019).

Meanwhile, on the question about the FC's process of preparing for the return home, our participants' responses were divided between the FC's request and the nurses' initiative. The first group of answers, where participants stated that the FC requested support from nurses, is in agreement with the study of Schiller et al. (2015) conducted with FCs, where they stressed the importance of seeking support from nursing professionals, so that they had the opportunity to ask questions about their elderly family member with PFF in the different stages of hospitalization, knowing the existing resources and express their preferences according to their needs. Also Nunes et al. (2018) refer that FCs need a guiding professional support, where space is provided to share their doubts and fears.

On the other hand, the second group of narratives that portrays the professionals' initiative in performing the process of FC preparation for the return home is corroborated by Ariza-Veja et al. (2019). The authors state that nurses play an essential role in the preparation of the FC and should be included in the recovery process of the older person with PFF throughout the hospitalization, emphasizing the training of care skills with the major objective of facilitating the return home. However, the study by Guilcher et al. (2021) found different perceptions about information needs. Professionals addressed the importance of providing information to FCs and had the perception that they provided adequate information. In contrast, the FC described poor communication and not understanding the next steps in the care plan. As such, it is the nurse's responsibility to provide moments of information exchange through the implementation of educational programs to support FCs with theoretical and practical components, so that they acquire more health literacy and feel more empowered and capable for the role they will play (Lima et al., 2022).

Although the number of participants in this study was small, the results allow us to understand the phenomenon under study and can be applied to people who experience similar situations, therefore, its transferability is possible.

As a limitation of the study, we highlight the fact that it was carried out with participants who all belonged to the same inpatient unit, which did not make it possible to learn about other realities.

CONCLUSION

The results of this study show that the decision on who will assume the role of FC and the determination of their potential are essential in preparing the return home. Based on the participants' narratives, we found that, in most cases, the older person with PFF is the ideal person to appoint the FC; however, the first visit may also be useful for this appointment. With regard to the assessment of potential, we found that nurses consider this assessment to be important; however, sometimes it does not exist or is performed informally. Regarding the involvement and preparation of the FC for the moment of clinical discharge, it was found that, generally, this happens at the FC's request and, less so, at the nursing professionals' initiative.

Thus, we believe that the preparation of the FC should be prioritized so that the elderly and their family members feel that the conditions for hospital discharge are met. The results obtained justify the need for nurses' intervention, since they are in a

privileged position to establish a therapeutic relationship of greater proximity and depth with the elderly with PFF and their caregivers. It is also this professional who, through differentiated skills and knowledge, should promote strategies to support older people with PFFs and their FCs.

In summary, with this study it is intended that in clinical practice, FCs of older adults with PFF are considered in decision making about rehabilitation goals and discharge planning for a safe transition between hospital and home. There are also standardized tools for information exchange, as well as formal discussion between nurses and FC about the roles and responsibilities in the transition of care. At the level of education, the present study substantiates the need for the supervision of nursing students in clinical teaching to be oriented not only towards caring for the older person with PFF, but also to include the FC as a care partner.

Finally, in terms of research, the results of this study may point to the development of an intervention program aimed at the FC of older adults with PFF.

It is also suggested that further studies be developed to address the preparation for returning home, both with FC of older adults with PFF and with nurses, in order to make the results more robust.

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