

THE ELDERLY'S PERCEPTION OF FAMILY FUNCTIONALITY

Perceção do idoso sobre a funcionalidade familiar

La percepción de las personas mayores sobre la funcionalidad de la familia

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ABSTRACT

Background: family functionality is important in the assessment of elderly families as it allows the development of family care strategies. It is emphasized that nurses specialized in Family Health Nursing are professionals capable of assisting the growing needs of the elderly and their families. **Objective:** to evaluate the functionality of the families of the elderly of a Family Health Unit from the Northern region of Portugal. **Methodology:** descriptive, cross-sectional study with a quantitative approach. It had a favorable opinion from the Ethics Committee for Health of the Regional Health Administration of the North (reference CE/2020/4). Sample consisted of 60 elderly people. A form including the Family Functionality Scale (FF-Family APGAR) was applied. **Results:** mean age was 76.63 years, most were female (53.3%), married (61.7%), had a 1st cycle of schooling (46.7%) and lived with their spouse (46.2%). The majority of the sample (71.7%) considered the family to be highly functional, in that they were almost always satisfied with the help they received from the family. **Conclusion:** the elderly in the sample have a high perception of family functionality, valuing, above all, the help they receive from their relatives. The family nurse should involve the family more in providing care to improve its quality.

Keywords: elderly; family relations; family; family nursing

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RESUMO

Enquadramento: a funcionalidade familiar é importante na avaliação das famílias idosas, pois permite o desenvolvimento de estratégias de cuidados à família. Ressalva-se que os enfermeiros especialistas em Enfermagem de Saúde Familiar são profissionais capazes de assistir às necessidades crescentes dos idosos e de suas famílias. **Objetivo:** avaliar a funcionalidade das famílias dos idosos de uma Unidade de Saúde Familiar, de um ACES da Região Norte de Portugal. **Metodologia:** estudo descritivo, transversal e de abordagem quantitativa. Teve parecer favorável da Comissão de Ética para a Saúde da Administração Regional de Saúde do Norte (referência CE/2020/4). Amostra constituída por 60 idosos. Foi aplicado um formulário que incluiu a Escala Funcionalidade Familiar (FF-APGAR familiar). **Resultados:** média de idade foi 76,63 anos, maioria do sexo feminino (53,3%), casada (61,7%), possuía o 1º ciclo de escolaridade (46,7%) e vivia com o conjugue (46,2%). A maioria da amostra (71,7%) considerou a família altamente funcional, na medida em que estava quase sempre satisfeito(a) com a ajuda que recebia da família. **Conclusão:** os idosos da amostra apresentam uma perceção de funcionalidade familiar elevada, valorizando, sobretudo, a ajuda que recebem dos seus familiares. O enfermeiro de família deverá envolvê-la mais na prestação de cuidados para melhorar a qualidade dos mesmos.

Palavras-Chave: idoso; relações familiares; família; enfermagem familiar

RESUMEN

Antecedentes: la funcionalidad familiar es importante en la evaluación de las familias de ancianos, ya que permite el desarrollo de estrategias de atención familiar. Se destaca que las enfermeras especializadas en Enfermería de Salud de la Familia son profesionales capaces de atender las crecientes necesidades de los ancianos y sus familias. **Objetivo:** evaluar la funcionalidad de las familias de los ancianos en una Unidad de Salud de la Familia, de la región norte de Portugal. **Metodología:** estudio descriptivo, transversal, con abordaje cuantitativo. El estudio fue aprobado por el Comité de Ética para la Salud de la Administración Regional de Salud del Norte (referencia CE/2020/4). La muestra fue constituida por 60 ancianos. Se aplicó un formulario que incluía la Escala de Funcionalidad Familiar (FF-Family APGAR). **Resultados:** la edad media fue de 76,63 años, la mayoría eran mujeres (53,3%), estaban casadas (61,7%), habían completado el primer ciclo de escolarización (46,7%) y vivían con su cónyuge (46,2%). La mayoría de la muestra (71,7%) considera que su familia es muy funcional. **Conclusión:** los mayores tienen una alta percepción de la funcionalidad familiar, valorando la ayuda que reciben de sus familiares. Lo enfermero de familia debería implicar más a la familia en la prestación de cuidados para mejorar su calidad.

Palabras clave: anciano; relaciones familiares; familia; enfermería de la familia

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INTRODUCTION

Population ageing has become a highly topical issue worldwide and in Portugal, as we have seen an increase in the elderly population, which is expected to grow in the coming years. The United Nations (UN) reports that in 2018, for the first time, there were more elderly people than children under the age of five (UN News, 2019).

According to the latest projections from the National Statistics Institute (INE), Portugal is expected to see an increase in the population aged 65 and over, from 2.1 to 2.8 million people between 2015 and 2080 (INE, 2017).

In addition to demographic changes, families have been facing a process of profound transformation due to various economic, social, political and cultural factors, contributing to changes in family structure. The elderly live with a greater number of generations and fewer family members per generation.

For an active and healthy ageing process, the fundamental role of the family in caring for the elderly is recognized. The more harmonious and balanced the family system, the better the individual will adapt to the changes related to the ageing process. On the other hand, when the family system has difficulties in accepting and understanding the ageing process of one of its members, family life becomes conflictual and can have physical, emotional, social and economic repercussions for coping with this stage in the family life cycle (Sousa, 2021).

The family, as a systemic unit with social functions, endowed with energy and self-organizing capacity, is a privileged space par excellence for supporting the life and health of its members (Figueiredo, 2012).

There are other factors that interfere with family functionality, which require structuring and

adaptation, such as social conditions, family composition, lack of adaptability to changes and the roles of its members, as well as intrinsic aspects such as age (Vera et al., 2015).

The contribution of specialist nurses to sustainable ageing is very important (Rocha et al., 2022), specifically family nurses who work throughout the life cycle in health promotion, disease prevention and rehabilitation, providing care to sick people, being a facilitating agent for individuals, families and groups to develop skills to act consciously, both in crisis situations and in health matters (Regulation no. 367/2015). One of the Sustainable Development Goals: "Ensure healthy lives and promote well-being for all at all ages" is essential for achieving the other development goals (International Council of Nurses, 2016).

The Dynamic Model for Family Assessment and Intervention (MDAIF) (Figueiredo, 2012) is an operational matrix for developing practices aimed at the family as a target for nursing care in the context of Primary Health Care. Its construction emerged from an action-research project developed with nurses who provided family care. It is based on the recognition of the complexity of the family system, with a specific organization, considering the properties of globality, equifinality and self-organization. Nursing care centered on the family, as a client and unit of intervention, presupposes a systemic approach, with an emphasis on a collaborative style, and the enhancement of the family's strengths, resources and competences. Considering the family as a unit of care, the focus is as much on the family as a whole as on its individual members.

The MDAIF Functional assessment refers to family interaction patterns. It integrates two dimensions of

family functioning: instrumental and expressive. The expressive dimension highlights the interactions between family members in order to identify family needs (Figueiredo, 2012).

It should be noted that, as proven in the study carried out by Silva et al. (2022), families have more resources than weaknesses in their internal environment.

One of the assessment instruments that make up the expressive dimension is the Adaptation, Participation, Growth, Affection, Resolution (Smilkstein Family APGAR) (Figueiredo, 2012).

A study carried out with an Integrative Literature Review in order to systematize the knowledge produced through the Family APGAR scale, in the identification of functionality in the family relationships of the elderly, concluded that all the articles analysed describe that the Family APGAR is a family assessment tool that is easy to apply and interpret and enables the early detection of family dysfunction (Ivania et al., 2015).

In the National Health Plan 2030 (DGS, 2022), "Sustainable health: from everyone to everyone", one of the five major goals for Portugal is to Promote the development of healthy behaviors, cultures and communities, which includes Promoting health-promoting environments. This certainly contributes to achieving health gains. This goal emphasizes the importance of the environment for health throughout the individual and family life cycle.

This study arose from the realization that Family Functionality interferes with the health of the elderly and according to Campos et al. (2017) the various situations and experiences that the aging process presents to the elderly and their families can affect Family Functionality.

This study is important for contributing to the development of knowledge in the area of family health and awakening to the care of the elderly person's Family, in order to evaluate, monitor and intervene with the purpose of the best gains in family health and understanding the importance of Family Functionality for the promotion of healthy and dignified aging (Ferreira et al., 2019).

The main objective of this research study is to assess the functionality of the families of the elderly in a Family Health Unit of the Agrupamento de Centros de Saúde (ACES) in the northern region of Portugal.

METHODOLOGY

This is an observational, descriptive, cross-sectional study using a quantitative approach. In this research study, the target population was considered to be the family/elderly patient dyad, which cumulatively met the inclusion criteria (Fortin, Côté & Filion, 2009). The sample was "made up of easily accessible individuals who meet the precise inclusion criteria (...) making it possible to choose individuals who are in the right place at the right time" (Fortin et al., 2009, p. 321). The inclusion criteria considered were: i) Families registered with the Northern Regional Health Administration (ARS), in a Family Health Unit in an ACES in the Northern region of Portugal; ii) Families with at least one member aged 65 or over, accompanied by the nursing team at home. In the Family Health Unit, the population of elderly people accompanied at home amounted to a total of 70 people.

The sample is defined by the exclusion criteria which were: i) Family whose elderly person is in the care of an institution (public or private); ii) Family whose elderly person does not have cognitive conditions after

applying the Mini Mental State Examination (Portuguese version validated by Guerreiro et al., 1994).

In this study, the sample consisted of elderly people registered with the Family Health Unit who had a nursing visit at home between December 2020 and February 2021. The final sample consisted of 60 elderly people, around 85.7% of the population. The type of sampling was non-probabilistic, for convenience also called accidental (Vilelas, 2020).

A form was used consisting of sociodemographic variables and the Family APGAR Scale (Smilkstein, 1982), validated for the Portuguese population by Agostinho & Rebelo (1988). It is a five-question scale that assesses the respondent's perception of the functionality of the family relationship. It allows the fundamental components of family function to be characterized as: Intrafamily Adaptability - indicates the use of resources inside and outside the family to solve problems that interfere with their balance during a crisis; Partnership - refers to shared decision-making and responsibility by family members; Growth - refers to the physical, psychological and emotional maturity and fulfillment achieved by family members through mutual agreement and guidance; Affection - determines the existence of caring or tender relationships that occur between family members; Family dedication or decision (Resolver) - has repercussions on the commitment made to dedicate time to other family members, encouraging them physically and emotionally, also implying a decision to share goods and space. The measurement scale used in our study consists of five items scored from zero (0) to two (2) points. Each question has three possible answers and scores: "almost never" (0); "sometimes" (1); "almost always" (2). The final score on the scale is

obtained from the sum of the scores assigned to each of the questions, and can vary between zero (0) and ten (10) points. From seven (7) to ten (10) points corresponds to an understanding of a highly functional family; from four (4) to six (6) points, a moderately functional family; from zero (0) to three (3) points, a family with marked dysfunction.

The form was pre-tested. This stage is absolutely essential and makes it possible to correct or modify, resolve problems and unforeseen events and check the wording and order of the questions. The pre-test was carried out on ten users from another Family Health Unit in the same ACES, with very similar characteristics to the sample under study. The questions did not give rise to any doubts, so no changes were made.

The data was collected by the researchers and the family nurse during the home visit, after checking the exclusion criteria and explaining the content and objectives of the research, safeguarding confidentiality. The family nurses were instructed on the data collection procedure, with a view to standardizing the data collection method and minimizing bias. The instruments were applied in the homes of the elderly, in an isolated environment and preferably without the presence of family members. Data was only collected at one point in time, from December to February 2021, during the nursing consultation in the home by the nursing team of the Family Health Unit of the ACES in the context of this study, which belongs to the Northern Regional Health Administration (ARSN).

During the research work, all the ethical requirements on which the standards of ethical conduct applied in research are based were safeguarded, namely beneficence, respect for human dignity and justice in accordance with the Declaration of Helsinki and the

Oviedo Convention, adopting the following procedures: i) Authorization to carry out the study was requested from the Director of the ACES of the Northern Region of Portugal, where the study took place; ii) The study's opinion was requested from the Health Ethics Committee of the Administração Regional de Saúde do Norte, IP, which obtained a favourable opinion under reference CE/2020/4; iii) For the purposes of data processing, the forms were identified using a coding, known only to the researcher, thus guaranteeing the confidentiality of the data; iv) Participants were informed about the objectives, characteristics and conditions of the research, and were guaranteed the right not to take part in the study, not to answer questions or to withdraw from the study; v) Informed consent was requested from all participants and their anonymity was safeguarded, as well as the secrecy and confidentiality of the information provided. The data was statistically analyzed. To do this, a database was built in the Statistical Package for the

Social Sciences (SPSS version 22), into which the data was entered and then processed and analyzed using descriptive statistics, using absolute and relative frequencies for all the variables. Measures of central tendency were used and measures of dispersion were determined in the case of variables with a ratio measurement level (Marôco, 2021).

RESULTS

The sociodemographic characterization of the elderly was carried out in terms of gender, age group, marital status, schooling and cohabitation.

Of the total sample (n= 60 elderly), the majority were female (53.3%), belonged to the middle-aged age group (45%), were married (61.7%), had primary schooling (46.7%) and lived with their spouse (46.2%) (Table 1). The mean age was 76.63±6.98 years, the median was 76.52 years, the mode was 68 years, with ages ranging from 65 to 94 years (data not shown in the table).

Table 1

Sociodemographic characterization of the elderly in the sample (n= 60)

Variables	Fa	Fr
Gender		
Male	28	46,7
Female	32	53,3
Age group		
Elderly Young (65-74 years)	24	40,0
Middle-aged (75-84 years)	27	45,0
Elderly (85-99 years)	9	15,0
Marital status		
Married	37	61,7
Single	4	6,7
Widowed	18	30,0
Divorced	1	1,6
Education		
No schooling	4	10,0
Can read and write	16	26,7

1st cycle	28	46,7
2nd cycle	7	11,7
3rd cycle	1	1,7
Higher education	2	3,3
Cohabitation		
Alone	14	17,9
Spouse	36	46,2
Child(ren)	16	20,5
Grandchildren	7	9,0
Siblings or brothers-in-law	2	2,6
Friends	3	3,8

Legend: Fa - Absolute frequency; Fr - Relative frequency.

In all of the items on this scale, the majority of elderly people answered "Almost always", with percentages varying between 50% (Item 3) and 75% (Item 1), making it the item with the most positive responses. On the other hand, the item with the highest percentage of "Almost never" responses was item 5 (18.3%). This is why the elderly expressed the greatest satisfaction with Adaptation (75%), followed by Partnership and not so good satisfaction in the case of Development (50%), Affectivity and Resolution (Table 2).

Table 2

Distribution of responses to the Apgar Scale

Apgar	Fa	Fr
Adaptation		
Almost never	3	5,0
Sometimes	12	20,0
Almost always	45	75,0
Partnership		
Almost never	5	8,3
Sometimes	19	31,7
Almost always	36	60,0
Development		
Almost never	6	10,0
Sometimes	24	40,0
Almost always	40	30,0
Affectivity		
Almost never	7	11,7
Sometimes	20	33,3
Almost always	33	55,0
Resolution		
Almost never	11	18,3
Sometimes	14	23,3
Almost always	35	58,3

Legend: Fa - Absolute frequency; Fr - Relative frequency.

The mean Apgar score was 7.4 ± 2.63 points, the median was 8 points, the mode was 10 points, with a minimum of 1 and a maximum of 10 points (data not shown in the table).

The majority of the elderly considered their family to be highly functional (71.7%) and the remaining 28.3% perceived their family to be dysfunctional, although only 10% considered it to be highly dysfunctional.

DISCUSSION

Of the 60 elderly people studied, the majority were female. In the Campos et al. study (2017), with the aim of assessing the family functionality of elderly Brazilians and testing the influence of determining factors, with a sample of 2052 elderly people, a higher prevalence of females was also observed, although with a slightly higher percentage (61.3%). The feminization of these samples indicates greater longevity among women, a relevant aspect of population ageing, according to Oliveira and Silva (2020).

With regard to marital status, 61.7% of the elderly were married, with results similar to those of the study by Lima et al. (2020), in which 604 elderly people took part in the Tâmega e Sousa region, in the north of Portugal, with the aim of profiling the health status of the elderly, which obtained a percentage of 67.2% of married elderly people.

With regard to schooling, 46.7% of the population had a 1st cycle education, which differs from the study by Lima et al. (2020), in which 92.7% of the elderly in the sample had a 1st cycle education, a much higher figure than that obtained in the present study. This is due to the fact that the sample in the Lima et al. (2020) study was made up of elderly people living predominantly in

rural areas. However, according to INE, in 2020, 51.6% of portuguese elderly people had a 1st cycle education, a percentage closer to that obtained in this study.

As for cohabitation, the majority (46.2%) lived with their spouse. This percentage is slightly lower than in the study by Maia et al. (2016) with 306 elderly people, which aimed to characterize the functionality of the elderly and relate it to the determinants of active ageing, where the authors found that 58% of the elderly also lived with their spouse. In our study, 17.9% lived alone. This situation is natural in today's portuguese society, due to the greater longevity of the female sex and in the opinion of Persequino et al (2017) gives the notion of freedom to the elderly and family. According to these authors, there seems to be a distancing from other family members, who respect the elderly person's decision to live alone.

In characterizing the family functionality of the sample under study, a prevalence of highly functional families of 71.7% was obtained, similar to the percentage in the study by Campos et al. (2017), which obtained 76.3%. In the study by Ferreira et al. (2019), with the aim of analyzing the family functionality of dependent elderly residents in the interior of the Northeast region of Brazil, 117 elderly people registered with Family Health Units were surveyed. The authors found that 26.5% of the elderly had good family functionality, a much lower percentage than in the present study, a result that could be explained by the cultural differences between the samples and because it was a sample of dependent elderly people. In the study by Elias et al. (2018) aimed at verifying the association between family functionality and household arrangement, in which 637 elderly people from the urban area of a municipality in Minas Gerais took part, it was found

that 87.8% considered that they had good family functionality, a slightly higher percentage than in our study, but in the same direction. The 10% of families in this study who have a perception of a family with marked dysfunction should have a careful diagnostic assessment by the family nurse, trying to identify the reasons that led these family members to have this perception, and should be referred to other technicians such as professionals in the field of Social Work and Psychology.

This was not the case in the study by Martins et al. (2015), carried out in the city of Ourém, with a sample of 66 elderly people, which aimed to identify life satisfaction in elderly people with home care and its relationship with sociodemographic and psychosocial variables, which found that the highest percentages were associated with moderately functional families (54.5%) and then with highly functional families (36.4%). This finding can be explained by the fact that this was a sample of users who benefited from home care services, situations which are generally associated with chronic illnesses and which generate stress in families.

It is important to note that 10% of families are highly dysfunctional. This can be explained by the constant changes in society, which have led to changes in its structure, with altered coexistence between the different generations, due to increased life expectancy and different roles among its members (Brito et al., 2019).

With regard to the items on the family APGAR index, in our study, the item that received the most satisfaction from respondents was adaptation, with 75%. In the study by Oliveira and Silva (2020), in which 30 elderly people took part and which aimed to analyze the

family APGAR of elderly people with dependencies on the functionality of their respective family systems, through the medical records of a day care center, adaptation had a percentage value of 47%, which is much lower than in the present study. This difference could be explained by the fact that the elderly were users of a day care center, where the family delegates its problem-solving tasks to third parties.

CONCLUSION

Taking into account the chosen theme of the elderly's perception of family functionality, the study was pertinent since knowing family functionality is fundamental for family nurses to care for elderly families in which longevity is increasing and there are limitations in the Activities of Daily Living and Instrumental Activities of Daily Living. The Adaptation and Partnership items are important indicators for the health of family members and the family as a system, because although there is a residual percentage (5%) who say that they almost never adapt, this condition is a strong predictor of the emergence of a new illness, as well as the issue of partnership, a strong indicator of the lack of mutual support, when the member expresses that they almost never feel this partnership. These phenomena should be closely observed by family nurses so that they can intervene to prevent health problems in each of the family subsystems or identify them early.

The sociodemographic profile of our elderly is characterized by being female, very old (85 and over), married, with a 1st cycle degree and living with their spouse.

The elderly people's perception of family functionality is very positive, with the majority of them being

satisfied with their family, in line with other studies. This satisfaction is most pronounced in the Adaptation item.

The main limitations of this study are related to the fact that the sample size was relatively small and that it was a non-random sample, which may have affected its representativeness.

The implications that this study may have for professional practice in the area of Family Health Nursing lie in the results obtained, which will be provided to the functional unit in the context of this study, and which will allow family nurses to better adapt and streamline their practices, improving the quality of the nursing care provided and the satisfaction of the elderly and their families with it.

In turn, this work could make family nurses aware of the importance of assessing family functionality and functional independence, which are important for understanding family dynamics and can have repercussions on the elderly person's life and the ageing process. These assessments could be the starting point for nursing interventions and the development of strategies with the elderly person and their family to balance the family system, since early intervention boosts promotion, autonomy and family functionality. As a final suggestion, it is recommended that future studies investigate the family functionality of elderly people with cognitive alterations, as well as the support of some institutions in the field for these families, covering the different contexts of family health nursing such as the USF/UCSP.

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