

Family dynamics of elderly members undergoing pre-dialysis treatment

A dinâmica familiar frente ao idoso em tratamento pré-dialítico

La dinámica familiar delante de las personas mayores en tratamiento de pre-dialisis

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ABSTRACT

This is a qualitative study that aimed to describe the dynamics of families living with elderly members in pre-dialysis. A total of ten elderly individuals and eight families participated in this study. Data collection was performed through semi-structured interviews with elderly individuals in a uremia outpatient clinic of a public hospital. The data collected from families were obtained through interviews with circular questions conducted in their homes. The operative proposal was used to analyze the data. The results show that families follow the dietary restrictions of the elderly members and rearrange the budget and routine to promote their participation in care. Additionally, families are afraid of the elderly members starting dialysis and the possibility of their death, coming closer together through care. To know the dynamics of families with elderly individuals in pre-dialysis may help nurses to provide care in a way that meets the demands of both the elderly and their families.

Keywords: Family; Elderly; Nursing; Chronic Renal Insufficiency.

RESUMO

Pesquisa qualitativa que objetivou descrever a dinâmica da família que convive com um idoso em tratamento pré-dialítico. Participaram do estudo oito famílias e dez idosos. A coleta de dados com os idosos ocorreu através de entrevista semiestruturada no ambulatório de uremia de um hospital público. A coleta com as famílias aconteceu em suas residências, mediante entrevista com questões circulares. Utilizou-se a proposta operativa para a análise dos dados. Os resultados apontam que a família assume com o idoso as restrições alimentares e reorganiza-se no orçamento e na rotina para facilitar a participação nos cuidados. A família tem medo do idoso iniciar diálise e da possibilidade de ele morrer, por isso aproxima-se diante do cuidado. Conhecer a dinâmica da família com idoso em pré-diálise pode auxiliar o enfermeiro a prestar o cuidado de maneira condizente com as demandas do idoso e sua família.

Palavras-chave: Família; Idoso; Enfermagem; Insuficiência Renal Crônica.

RESUMEN

Investigación cualitativa que tuvo el objetivo de describir la dinámica de las familias que conviven con una persona mayor en pre-diálisis. Participaron diez personas mayores y ocho miembros de sus familias. La recolección de datos ocurrió a través de la entrevista semiestructurada con los ancianos en la unidad de uremia de un hospital público. La recolección de datos con las familias ocurrió en sus domicilios a través de entrevistas con preguntas circulares. Se utilizó la propuesta operativa para análisis. Los resultados muestran que la familia toma con los enfermos las restricciones en la dieta y reorganiza el presupuesto y la rutina para facilitar su participación en el cuidado. La familia tiene miedo de la diálisis y la posibilidad de muerte de los ancianos, así aumentan la atención. Conocer la dinámica familiar puede ayudar a los enfermeros a proporcionar una atención consistente con las demandas de los enfermos y sus familias.

Palabras clave: Familia; Persona Mayor; Enfermería; Insuficiencia Renal Crónica.

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INTRODUCTION

The reduction in fertility rate and women's entrance in the job market have led to changes in family structure, such as the reduction in the number of children. Additionally, there has been a decrease in the size of families, which, consequently, include a higher number of older members. The longevity of the population has caused elderly individuals to stand out in the modern family context, as they can interact with several generations and create different models of family network.¹

Despite the changes in family make-up, this continues to be the main institution caring for the elderly.¹ Considering the distinct realities, a family is a social unit in which interactive and integrating processes among its members and between these and the outer environment. Thus, families form systems that promote sociability and solidarity to face adversities that challenge them. Family relationships reflect the affection and strength of emotional bonds between members.²

Nursing defines family as those who are considered to be members, i.e. it is founded on the conceptions of family members, violating the criteria of kinship, marriage or those living in the household. With this meaning, nurses can respect the ideas of individual family members regarding meaningful relationships and experiences of health and disease.³

When a family is viewed as a system, upon experiencing the disease process, it needs to make adaptations that can involve more than one family member, aiming to face the adversities and to learn how to live with the new situation.³ Falling ill is something that disrupts the organization of the sick person and their familiar environment, changing the dynamics and behavior that family members have towards each other.³ Although these members suffer with the disease process experienced by one of them, they provide support to this sick member.⁴ Thus, the direction is frequently towards reorganization as a protective function.

A chronic disease is a long-term onus that threatens the well-being and financial stability of both patients and their family.⁵ Renal disease is one such example, which is characterized by renal injury and progressive loss of endocrine, tubular and glomerular function of the kidneys in an asymptomatic way. As the condition develops, there is a reduction in renal function and progression to Chronic Renal Insufficiency (CRI).⁶

After CRI is diagnosed, families usually seek to maintain their strength as they experience the health problems of one of their members, aiming to alleviate their suffering.⁷ Family support is important to achieve the purpose of the therapy, especially when it comes to elderly individuals, as functional limitations caused by aging are included in this situation.

CRI can be controlled by pre-dialysis treatment, which aims to slow down the development of this disease. This therapy can affect daily activities, as it requires lifestyle adaptations. Such adaptations include liquid and diet restrictions, routine consultations and exams, the use of several drugs and, when necessary, the preparation of arteriovenous fistula to begin dialysis.⁶

In this context, when working with families of elderly individuals undergoing pre-dialysis treatment, nurses need to become familiar with their dynamics, understand their reality and the factors that influence their experiences in the health and disease process. To become aware of the family dynamics enable one to perceive the instrumental and psychosocial interactions, to understand the responsibilities and closeness of their members when dealing with elderly individuals with chronic diseases. Thus, it is possible to identify ways to deal with problems and possible areas of health services.³

Based on this context, the present study posed the following research question: How are the dynamics of a family living with an elderly individual undergoing pre-dialysis treatment? To answer this question, the following objective was defined: to describe the dynamics of a family that lives with an elderly individual undergoing pre-dialysis treatment.

METHODS

A qualitative descriptive study was performed. A total of ten elderly individuals undergoing pre-dialysis treatment in a uremia outpatient clinic of a public hospital in Southern Brazil and eight families participated in this study.

Data collection was conducted between March and July 2013 and it ended when the objectives were achieved in terms of quality and depth, not requiring the inclusion of new participants. This stage occurred in two distinct moments: in the outpatient clinic with the elderly individuals; and at home with the families, without the elderly.

Elderly individuals were invited to participate in this study by telephone. This information was obtained from patients' medical records, after checking the agenda of consultations in the outpatient clinic, during data collection. When the telephone contact failed, elderly individuals were invited on the day of the consultation, in the waiting room of this clinic, while waiting for the service. The following inclusion criteria were adopted: to be aged 60 years or more; to be undergoing pre-dialysis treatment; and to be able to communicate.

While waiting for outpatient care, the family member accompanying the elderly individual was also invited, so that their family could participate in this study. When elderly individuals were alone for the consultation, the research objectives were explained to them and they were responsible for informing their family. Telephone contact with the families was maintained, aiming to confirm the invitation, extend it to other members and set up an appointment to conduct the interviews. Additionally, during this contact, we checked the possibility of meeting the inclusion criterion: to have at least two family members present during the interview and the elderly member not to be present. The exclusion criteria were as follows: families who did not live in the city where this study was performed; and family members who had difficulty to communicate or understand things. None of the elderly individuals refused to participate in this study, although two families did not accept the invitation. Data

collection was performed through semi-structured interviews with elderly individuals and through an interview with circular questions with families. Additionally, the genogram was developed during the interview with elderly individuals and, subsequently, complemented at the meeting with family members, as the majority of these elderly individuals could not remember important information about some of the members.

Circular questions are effective and aim to seek explanations for the problems found. Circularity involves the development of questions from what has been previously described by participants. Thus, the cycle of questions and answers between families and the nurse can be obtained. In contrast, the genogram aims to complement the interviews. It is a family tree that represents its inner structure, providing important information about their relationships and development of its functioning.³

Thematic content analysis of Minayo's operative proposal includes two levels of interpretation. The first level encompasses the determinations from the understanding of the socio-cultural, economical and political contexts and families' conditions of accessibility to the health system, when the researcher went to the families' homes. The second level is interpretation, when the meaning, logic and projections of reports were sought. Data interpretation occurred in three stages: data organization, when interviews were transcribed and the corpus of analysis of the empirical material was established; data classification, when there was a thorough/exhaustive reading of each interview, seeking internal coherence of information and constructing empirical categories; and a cross-sectional reading, aiming to summarize the classifications through the separation of categories by similarity and connection among themes. Moreover, during interpretation, there was a final analysis, when the understanding of the family dynamics, relationships and thoughts about the theme of pre-dialysis in the elderly was clarified. Finally, the research report was made.⁸

The present study was approved by the Research Ethics Committee of the Federal University of Santa Maria, under certificate of submission for ethical evaluation number 09996912.5.0000.5346. Aiming to maintain participants' anonymity, the codes "E" for elderly and "F" for family and the number in the sequence of interviews (E1, E2, E3...; F1, F2, F3...) were used to identify their speech, followed by the family member's relationship to the elderly individual (granddaughter, son, daughter, daughter-in-law, son-in-law, niece, sister-in-law or brother-in-law). Both elderly individuals and family members signed two copies of an informed consent form, meeting the requirements of Resolution 196/96 that foresees human research ethics and that had been in effect at the time of data collection.⁹

RESULTS AND DISCUSSION

Among the elderly individuals interviewed (10), age ranged between 63 and 84 years (mean of 70.8 years), of which five were females and the other five, males. Length of time of pre-dialysis treatment varied from one to 18 years (mean of 5.6 years).

The number of family members totaled 21 individuals and the number of participants per interview was between two and three. Regarding family relationship to elderly individuals, there were six daughters, two sons, one son-in-law, two daughters-in-law, three nieces, one wife, one husband, one granddaughter, one sister-in-law, one brother-in-law and two cohabiting partners. Age varied from 14 to 83 years, of which 16 were females and five were males. Family members' level of education ranged from incomplete primary education to complete higher education, while monthly income varied between one and seven minimum wages. The predominant religion was Catholicism, followed by Evangelicalism and Spiritism.

After data analysis, three thematic categories arose: family adaptation to the elderly member's pre-dialysis treatment; fear of the possibility of dialysis and loss of the elderly member; and communication among family members.

Family adaptation to the elderly member's pre-dialysis treatment

One of the adaptations made by the family refers to the changes in eating habits, due to the need to provide the care required by pre-dialysis treatment. Thus, they begin to follow the same dietary restrictions as the sick elderly member.

When I see that she feels like eating something that she can't, I get sad. To want to eat and not to be able to. There are things I avoid buying, so she won't have a craving. How can we eat with her looking at us? So I don't even buy candies or things like this (Daughter E2). When it was the season of fruits, I'd buy some, but I kept thinking that he couldn't have more than one. So I prefer not to buy them. Just like the candies, every weekend I'd make something, but I stopped doing this. How could I make something? (Wife E3). My wife helps me with the treatment, she cooks when she's not working and when she is, she leaves a meal ready to eat. She helps me with everything, but the food has little taste because of me (E6).

When family members share the same physical environment with the elderly, some food habits are discarded or changed. Change in the dynamics is the way families find to support their sick member to face the disease and adhere to the treatment. This condition helps elderly individuals to maintain their health status, although also restricting the family in terms of food choices.

A study performed with elderly individuals undergoing pre-dialysis treatment found that the need to change life habits, aiming to improve their health conditions, causes families to discard or adapt their own routine habits on behalf of the health of such individuals.¹⁰

The instrumental aspect of family dynamics encompasses routine activities of daily living, such as eating, managing medication, and transport. These actions are frequently performed by families experiencing disease, when it takes on an important meaning, as family care for one of their members is approached.³

Families are concerned about the elderly individuals' health condition and find ways to organize care for nephropathy and other comorbidities they may have, aiming to improve their health. To achieve this, they reorganize themselves so that the majority of their members can participate and provide care.

I noticed that she began to gain weight and so I encouraged her to do some activity. Then, she did hydrogymnastics for many years. It's a matter of paying more attention to try to make her live better and longer. About the medication, when I'm not here, whoever stays home takes care of this. We [family members] talk about this, I note it down in a notebook, all the dates when she has to take the medication which is in the box, separated per day, morning and evening. So, when she goes to my sister's home, she takes care of her. So, my mom can travel a little, it's possible for the time being. We began to pay much more attention after the problem [nephropathy] began (Daughter E1). We serve him food and the coffee is in the thermos. I go to the consultations, he never goes alone. Everyone helps as they can. Now that we have to carry him, my brother comes to pick us up when I don't have money for the taxi. When I need, I pay for someone to stay with him at the hospital (Partner E6). My daughter helps, when she comes. When she can't come, my son comes. My granddaughter would come to the hospital with me to dress the wounds [venous ulcer]. My daughter buys the medication and she'll teach my granddaughter how to go to the bank and to buy the medication whenever she can't (E2).

Family members pay more attention to the body changes and needs of elderly individuals after the diagnosis of CRI, as they believe other comorbidities should be avoided, which can increase dependence and destabilize family structure adapted to live with pre-dialysis treatment. Families make an effort to enable a peaceful treatment that enables elderly individuals to improve their quality of life. To achieve this, they seek to match their personal commitments with the tasks required by the treatment, such as medication, transport and domestic chores, aiming to provide care to the elderly.

Family support must occur in a bidirectional way, both from the elderly individual to the family and from the family to the elderly individual. When this support is mainly unidirectional, from the elderly individual to the family exclusively, this is characterized as family insufficiency. Among the elderly, such insufficiency is a process that takes place due to lack of social support from family members, failed family connection, intergenerational changes and conflicts, and reduction in their health.¹¹ In this case, family members do not take on any roles in the system and stop contributing to the improvement of the elderly member's treatment.

Families who live with an elderly individual undergoing pre-dialysis treatment need to adapt and incorporate the

demands required by aging in their routine, which are often followed by health expenses. Health care aimed at basic needs, such as access to physicians and dentists, is provided by the *Sistema Único de Saúde* (SUS - Unified Health System), although this can take months or even years to be available.

Now, we [family members] have to save money so she can have her teeth treated, it's hard for her to chew, I cut foods like meat into small pieces for her. She loves reading. In the evenings, she goes to bed early to read, but then we have to have the lenses of her glasses fixed as well. These are two things that make one feel more human (Husband E8). I said to my son: I want to have my teeth treated. I have to have my glasses exchanged, but I have to wait. Then he said that health cannot wait. And as everything has to be paid for and my daughter's not working now [...]. They do what they can to help me, because we're poor, my son has three children and many expenses (E5).

The reality of SUS causes families to reorganize their finances due to the elderly individuals' needs, aimed at adequate dental conditions and visual recovery. Not meeting these needs harms the quality of life of such individuals, in addition to contributing to their dependence on their family. Thus, the need for public health policies that support those who care for elderly individuals should be emphasized.

The difficulties caused by the inability to cover all health care expenses may cause stress and anxiety in elderly individuals. Apart from spending on continuous drug therapies, those undergoing pre-dialysis treatment have frequent outpatient clinic consultations, which require expenses on transportation, among other aging-related issues. Thus, the amount received as retirement is not sufficient to cover expenses, forcing families to help the elderly members financially. A study affirmed that, when elderly individuals' health care expenses are high, they must be shared with the families.¹²

After the event of an elderly individual falling ill, their family seeks to adapt their leisure and commitment routine, aiming to enable this individual to be cared for according to their possibilities. Concern about leaving them alone causes family members to take turns to keep them company, thus avoiding falls and allowing the required well-being.

We [family members] usually look for someone to stay at home. We have to leave, but this is our commitment. It's rare that we all go out, There's always one in control (Daughter E1). There's no way she's going out alone as she'd like! How can I leave her alone. What if she trips over something, falls down and gets hurt? So I go to the consultations with her, I ask for a leave at work or tell them I won't be on time. We do what we can! It's been a bit hard, I've already missed many meetings and get-togethers. I try to stay more at home to keep her company (Husband

E8). My husband helps me with everything, he even brings me here [hospital] because he doesn't want me to leave our home by myself, because I've had some falls (E8).

Experiencing elderly individuals' vulnerability causes family members to take preventive measures as health care actions. However, this situation interferes in their work and prevents them from performing routine family activities. It is understood that families can resolve their own problems by respecting their skills and previous experiences.³ A study showed that the informal social network, frequently represented by the family, helps one to cope with the fear and suffering resulting from the CRI treatment.¹³ Families must be cared for, as living with a sick individual and their demands can trigger anguish and exhaustion.¹³ Thus, public policies that provide support to families facilitate and promote their care for elderly individuals.

In the present study, it could be observed that families redefine their roles, when one of its members takes on the role of following elderly individuals during consultations. The family dynamics changes with the presence of an elderly individual undergoing pre-dialysis treatment. As they cannot distinguish medications, prepare food, or access health services for their needs or other risks, family members must change their routine and start providing support and care for this individual, helping with whatever is required to maintain their health.

In this context, nursing can facilitate the process of family reorganization resulting from the disease through instructions given to the families on behalf of comprehensive care, helping to create strategies of adaptation of the dynamics of elderly care during pre-dialysis and/or other treatments of comorbidities. Additionally, nursing can promote support to family members and explain about their rights in the SUS and the ways to seek them.

Fear of the possibility of dialysis and loss of elderly members

Families experience the fear of elderly individuals beginning dialysis, due to the changes that this brings to the lives of those who undergo this treatment and their families. Moreover, there is the fear of losing them and the overload of work for family members that the therapy will create. Families approach the possible changes that dialysis could lead to, which are viewed with concern by them, as they are already adapted to the needs of pre-dialysis treatment.

We [family members] are worried about the moment when hemodialysis begins, as this means more commitment. We'll have to work out our tasks and help her with this and that. She'll go there and spend three to four hours and I'll have to manage this and her granddaughter, because her daughter works [...] (Son-in-law E1). I know it won't be easy because doctors have already said that he [elderly individual] will undergo the hemodialysis. In my case, there are difficulties ahead, as there was just one consultation per month before. I only ask God for help so

that I won't have difficulties because of the treatment. Life goes on as usual, for the time being. If he has to undergo dialysis, then things will change [...] (Partner E6). I haven't felt anything in my kidneys, this hasn't affected me at all so far, I hope things go on like this [...] [crying]. The worst thing would've been to undergo hemodialysis, but thank God I didn't have to! (E10).

Both the family and elderly member fear the changes that a new treatment can bring, as they have already made adaptations after the diagnosis of CRI. They are aware that achieving balance to provide care for the pre-dialysis treatment is a complex and painstaking process that involves changes in their routine.

The increase in levels of dependence and functional incapacity associated with this chronic disease has an impact on family organization and poses a challenge to family members, who require support services to provide care.¹⁴ The possibility of changing the form of treatment will also guide new changes and adaptations to the family dynamics to meet the demands of care for elderly individuals undergoing dialysis. To achieve this, adjustment to their diet, liquid restrictions, inclusion of medications and transport to health services, three times a week in the case of hemodialysis, are necessary in the case of hemodialysis. If outpatient peritoneal dialysis is required, a family member must be responsible for this procedure and/or follow it at home. The perspective of elderly individuals having to change the CRI treatment, including the dialysis, causes family members to be apprehensive about the future, as they believe they will have to take on new roles, which may involve conflicts or cooperation among these members.

It is in this situation of chronic disease that nursing needs to have the sensitivity of understanding elderly individuals in their context of culture, beliefs and values and to improve the presence of the family when dealing with difficulties, as elderly individuals find in it the meaning of life and strength to overcome critical moments.¹⁵

Another theme that emerged through participants' reports is associated with the end of life. The experience that a family has with death shapes the health care provided to the sick elderly member, due to the fear of losing this dear member, in addition to their desire of not experiencing a painful situation again.

We [family members] took care of our grandpa until he passed away, so we already know how to do it and we're worried about him [elderly member] caring for himself. I helped my grandpa when he was sick in bed... So, I have to help caring for him now. I don't feel well because I didn't want to go through this (Niece3 E7). We [family members] know that death will come one day, this happens to everyone. So we can't think this is completely strange [...], but we'll do what we can to let life go on, we invest in it as much as possible (Husband E8). My wife passed in 2006 [...], she was hypertensive. So, now with my children, we see each other almost every day, we live together (E4).

In view of the disease condition and, consequently, the possibility of death, families seek an approach and a way to provide the best health care possible. When a family comes together and supports each other, the experience of the disease process occurs in a more peaceful way with less suffering. This is because knowing there are individuals one can rely on in difficult moments reduces the fear of losing someone.

After experiencing death among their members, families change their attitudes and begin to believe that they must provide more care and attention, aiming to extend life and, consequently, to spend more time with the elderly member who is ill. In the perspective of family functioning, it is considered that no events occur separately, an elderly member who falls ill and becomes more and more fragile and dependent requires care and has an impact on family relationships.¹⁶

Participants in this study understand that death is inevitable due to the renal disease and the aging process itself. Families suffer with the condition of an elderly member with chronic renal disease, which increases their expectation for the development of the disease and possible loss of this member. A study shows that families who care for individuals with chronic diseases hopes for peace and comfort during treatment, instead of hoping for a cure, as this disease is permanent and fluctuating.¹⁷

Changes in the dynamics of families who have an elderly member undergoing pre-dialysis establish the reorganization of their roles, in case this member has to begin dialysis. Aiming to avoid an overload on a member and facilitate family stability, nurses can intervene with families, supporting the reflection on the availability of the remaining members who can help to care for an elderly individual. Additionally, they can explain and clarify the fact that the pre-dialysis treatment can slow down the beginning of dialysis. Thus, nurses help families to understand their feelings towards the reality they are experiencing and emphasize positive aspects of their participation in the treatment.

Communication among family members

Elderly individuals' trust in their family and direct and clear communication facilitate family relationships and, consequently, the care provided. Communication among family members express, in addition to the meaning of words, the feeling of gratitude they have for one another.

I like my mom very much because she's an example of honesty. If we have any problems, even the worst ones, we get to talk and this is a rock for us. I always cared for her, living together helps me to care (Son E5). The way my family helps me is enough. They take good care of me, thank God! If I don't have money to buy the medication, I never go without it, either I ask for them or they check on me. How are you, mom? Do you need anything? (E9).

Interactions between members help the elderly to express their needs to the family. The pattern of circular communication has a mutual influence on the behavior of individuals.³ The closer

together their members are, the more trust and support there is. In some families, it is possible that the pattern of communication is the same as the one prior to the pre-dialysis treatment, as it results from a relationship built throughout life. In contrast, in other cases, the disease acts as a magnet, bringing family members closer together and causing them to discuss the strategies to help to resolve that situation. However, there are families who become unstable both in terms of organization and functioning, when one of their beloved members has a disease. This situation can lead to serious damage to the individual who is sick and the family itself.

A study that assessed the dimensions of the functioning of an elderly individual's family, including communication, showed that the reduced exchange of information among members is associated with low family functioning and social support for this individual.¹⁸ This reveals the importance that nurses have to promote communication among their members, as it represents a key factor for the adjustment of family dynamics.

Moreover, families mentioned the fact that their elderly member does not want them to be involved with her/his problems. It could often be observed that elderly individuals do not always express what they want, thus suffering alone most times, while at other times this could be associated with their need to maintain their autonomy and independence. Based on this, it should be emphasized that communication is only established if the speaker and listener are exchanging information.

He never tells us when he's going to the doctor, he goes alone. We ask him, "How are you?" And he says, "I'm fine, it was just a small change." But it's hard helping someone who doesn't communicate. He doesn't say, "Today I have to see a doctor, can anyone come with me?" I'm afraid he'll get worse, he won't tell us and he'll end up doing something stupid [crying] (Daughter E4). There's a lot he tells no one, not even the doctors. And he doesn't tell us what the doctors say to him either, we don't know anything (Daughter-in-law E5). I think that when our children get married, they become committed to their own families. So I try not to interfere, I try to stay on my own. I take care of myself, just me [crying] (E10).

Talking about a chronic disease is not easy for the family or elderly individual, as this subject is not viewed positively, especially in the case of CRI, which is usually progressive. Lack of communication affects the care provided. However, it should be noted that the family arrangements adjusted to perform the treatment of a chronic disease cannot occur suddenly.³ Therefore, both the elderly individual and their family should be informed that family participation in health care also results from communication. The family system interacts and approaches questions related to pre-dialysis and care through such communication.

The result of communication is influenced by conflicts established in the relationships between the family and elderly

individual, such as the moments when they mention a type of care and he/she chooses not to receive it.

He is stubborn, so there's no way I can say, "Don't eat this!" Because he'll eat it! Sometimes, it's a weekday and he decides he wants to have roast meat. There's no point saying no. Then, he says he'll take care of himself. I make all that he needs to eat, but the food stays on the table. He doesn't accept it at all. I think what we can do is to try to make him understand that he has to care for himself! (Partner E4). She [wife] takes great care of me, but when she visits the neighbors, I open the cupboards and, if I see some good cookies, I already put them in my mouth. She hides them from me, but I eat them in secret. I think I'm careless because of this, I need to take better care of myself. The children also help me, but when I see them leave, I take something in secret. I won't fight them, as I'm the one who's wrong (E9).

When elderly individuals resist the instructions and behavior that should be followed, they can harm themselves. In such cases, families may think they are doing their part through counseling and giving freedom of choice to the elderly member to care for him/herself. The conflict generated does not change the family dynamics, although it influences the provision of health care. The literature corroborates this by stating that challenges related to diet management occur due to a misunderstanding of instructions, low perception of competence of family members and emotional reactions that create conflicts, thus harming treatment management.¹⁹

A study affirmed that the communication between family members can either increase or decrease the efficacy of the efforts made by the elderly member with a chronic disease,²⁰ apart from strengthening personal relationships, reducing the burden of the family and enabling this member to express their future wishes. To achieve this, health care planning must improve the communication among the team, patient and family, aiming to have a positive influence on disease management.²⁰

Based on this, it is relevant for nurses to be concerned about the interaction among family members of the elderly, the individual processes and how they cooperate with one another, in addition to their organization and functioning, aimed at their general well-being.¹⁷ Communication is key for families to become the foundation for the process of coping with and adhering to the pre-dialysis treatment, which enables them to approach the difficulties of this therapy and the way problems can be resolved.

FINAL CONSIDERATIONS

The present study enabled us to describe the dynamics of families with elderly members undergoing pre-dialysis treatment. The results showed that it involves adaptations and the fear of development of the disease, need of dialysis and death of the elderly member. Moreover, the communication between families and elderly individuals is an essential factor when providing care.

Adaptations of diet, financial expenses and routine reveal the dedication of the family unit, aiming to achieve the well-being of an elderly member experiencing chronic diseases and other comorbidities. Families perceive the need of reorganization and seek to include all members, showing that the disease process of their elderly member moves them and that it can be facilitated through instructions provided by nurses.

The results of the present study indicate that the fear of and concern about the possibility of dialysis expressed by families and elderly individuals result from the increase in health care, aggravation of health condition and new changes in family dynamics. In contrast, fear of death is associated with past experiences. This situation leads to an increase in the protection of an elderly member and causes the family to come closer to him/her. Such considerations emphasize the importance of nursing to be aware of the family dynamics, so as to help them to understand the complexity of the treatment and to overcome negative feelings, apart from seeking sources of support and developing strategies that minimize the burden that may be caused by dialysis, in case this disease develops.

Communication among family members was found to be essential to improve family relationships and care for an elderly member and it should be promoted by the health team. Differences among family members can become greater when there is no dialogue between generations. Nursing can encourage family members to have a flexible and open attitude, showing that mutual communication facilitates union and conflict resolution.

It is recommended that nurses become aware of the dynamics of a family with an elderly member undergoing pre-dialysis treatment, so they can provide care consistent with their demands. Furthermore, the reality of individuals can be included in the group of interventions proposed.

Although the present study was conducted with participants in a specific context and with unique characteristics, it could be concluded that the dynamics of families with elderly members undergoing pre-dialysis can be representative of situations experienced by other families with elderly members who have CRI. Therefore, this investigation can contribute to the promotion of discussions about the care for elderly individuals with CRI provided by the health team in outpatient clinics and primary health care, aiming to achieve qualified services.

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