

Families that integrate self-care dependent individuals

Opinion

The self-care concept is viewed by Holstein, Hickey and Kathryn (1986) as being similar to what we understand as healthcare in a way that the intentions are to improve health, prevent disease, alleviate symptoms and re-establish good health (Dean, 1986). Bearing in mind that self-care is the ability to take care of oneself and that healthcare is delivered by health professionals, it is acknowledged that a shift in the state of self-care is object of nursing intervention and interest. These considerations lead to the reflection on the role of the informal caregiver as an unpaid family member who, in the absence of the health professional, takes on its role and provides care to an individual.¹ Thus, within the scope of self-care, nursing has as a unit of intervention the person dependent in self-care and also the family caregiver responsible for the person who is dependent in self-care. Evidence from the Costa² research supports that nurses constitute, in the families studied, a resource in the situations of greater dependence, which, based on the identified needs of dependent people and on the skills that transcribe nursing, seem to be insufficient.

It is worthy of note that it is in the interest of nursing to develop its full potential in this matter, a premise for this purpose being the specific knowledge of the needs of the family caregivers, as well as helping to envisage nursing interventions based on the transition paradigm as a facilitating factor in the transition process of the person who is beyond a healing process, such as the person dependent in self-care and the family member who provides care.

The nursing care, in order to intervene in the different types of transition, can be approached taking into account the different phases of a person's life cycle and of all their environmental surroundings (social, economic, biological and cultural). Assuming that the family constitutes as the basic unit of society and is also understood as the fundamental context for the development of a person, it is suggested that the family be integrated into the object of nursing care.³

The role of a family member providing care is complex and perhaps, because of this, research so far has neglected the multidimensional evaluation of the phenomenon and has focused mainly on the study of the caregiver overload.^{4,5} It is important however, to consider it as an object of evaluation by nurses so that it is possible to identify intervention needs.⁶

The evaluation of the care centred around the dependent person and the family as well as the consequent increase of home care should be implicit, as well as the monitoring of the needs of those who are the consumers of this care, in order to ensure the effectiveness of care and to promote its quality.⁷

The nursing intervention focuses on the preparation of family caregivers in order to increase their competence in their role as providers, but not affecting their elementary intervention in promoting autonomy in self-care for the dependent person.⁸⁻¹⁰

As far as nursing is concerned, the knowledge of the families that integrate a dependent family member, as well as the families that have an institutionalised family member, represents an important focus of attention. Research has contributed to the quantitative knowledge of

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the variables studied, allowing decision-makers with the opportunity of a reality-oriented planning, as well as the knowledge of the reality of each family studied, allowing their approach by the knowledge of the family and the dependent person in the self-care that integrates, in the whole, and not only by the analysis of variable to variable.²

The performance of the family member that provides care is unpredictable, since the role is developed according to the specificity of the family caregiver and of the dependent person in self-care.¹¹ There is therefore no identified single profile of care, resources used, perceived self-efficacy of the family member that provides care relative to the performance of the role equivalent to a healthy transition and a situation of health condition of the dependent person absent from commitments, which may be due to the interaction mentioned, as well as the characteristics of the two actors involved.^{1,2,5,12}

Given the variability of the care provided, considering the intrinsic characteristics of the family caregiver and the dependent person, attention should be taken to ensure good care is provided. Schumacher & Stewart⁶ consider that the evaluation of the perception of self-efficacy of the family member providing care relative to the performance of the role constitutes a mode of measurement as part of the nursing role. The unpredictability mentioned regarding the care provided to a family, confirms the need for support by a professional team to follow up in a transcendent way to the practice of so-called nursing teaching as a means and end in itself of the preparation of the family caregiver.

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Conflict of interest

The author declares that there is no conflict of interest.

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